

**STUDENT INFORMATION:**

Name of Minor: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Student's Current Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENTS INFORMATION:**

Mother : \_\_\_\_\_ Phone #'s (H) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Father: \_\_\_\_\_ Phone #'s (H) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Number to Call in case of Emergency: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL OR DENTAL CARE TO MINORS**

Insurance Information:  
 Health Insurer Name and Phone No.: \_\_\_\_\_  
 Health Insurance Policy No. \_\_\_\_\_ Group Name: \_\_\_\_\_  
 Please List any medications attendee is currently taking and any allergic or other medical issues we should be aware of: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned parent/legal guardian/legal custodian of the minor(s) listed above do hereby authorize any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, hospital care, [immunization], blood tests, emergency or otherwise, inpatient or outpatient, to be rendered to said minor(s) under the general or special supervision and upon the advice of a physician, dentist and/or surgeon licensed under the laws of the State of Oklahoma, upon the consent of James Summers, Nathan Stang, Robert Gentry, Adriel Paradise and other FC Staff, the temporary custodian(s) of said minor(s), whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of Oklahoma or by any other State. I further authorize the physician, dentist or surgeon to call in any necessary consultants, in his/her discretion.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required. I encourage those persons having temporary custody of said minor(s), as well as such physicians, dentists and surgeons requested to provide medical care to said minor(s), to exercise his/her best judgment for the health and welfare of said minor(s), as to the requirements of such diagnosis or medical or dental or surgical treatment. Attendee agrees to caution and to obey instruction given by any of the FC staff, and sponsors. Participant (and Participant's parent(s) or legal guardian(s) if participant is under age 18) unconditionally releases and absolves FC, it's staff, and any other person connected with events sponsored by FC from any and all liability in connection with any injury of participant, or damage to property, sustained while attending FC sponsored events. This authorization shall remain effective until [January 01, 2018, unless sooner revoked in writing,] and delivered to said person(s) entrusted with the temporary custody of said minor(s), and to said physician, dentist or surgeon providing said treatment.

**AUTHORIZATION OF USE OF IMAGE:**

I do permit and authorize the First Church ("FC") and its employees, agents, and personnel who are acting on behalf of FC to use my photograph or other likeness for purposes related to the mission of FC, including publicity, marketing, and promotion of FC and its various programs without compensation to me. I understand photograph or likeness and voice may be copied and distributed by means of various media, including (without limitation) video presentations, simultaneous television, rebroadcast, radio distribution or retransmission, news bulletin, mailouts, billboards or signs, brochures, placement on FC websites, social media, other electronic delivery or publications. I acknowledge that FC has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of my image, voice or performance in accordance with this agreement. I waive any right to inspect or approve the finished product, or any material in which FC may eventually use the photographs.

I relinquish and give FC all rights, title and interests in and to the photographs, including any copyright therein. This consent and release shall be binding upon my heirs, successors, assigns, and legal representatives.

I understand that, although FC will endeavor to use my photograph or likeness in accordance with standards of good judgment, FC cannot warrant or guarantee that any further dissemination of my photograph or likeness will be subject to FC supervision or control. Accordingly, I release FC from any and all liability related to dissemination of my photograph or likeness, reproduction, distribution, and display of the photographs in print or any and all other media, and any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for the use of any photos or other likeness at any time in the future.

I have read and understand the conditions of this content form.

\_\_\_\_\_ Date \_\_\_\_\_  
Dated: Signature of Parent/Guardian/Custodian

\_\_\_\_\_ Date \_\_\_\_\_  
Dated: Witness (other than temporary custodian)