



Minor Participation Authorization. Consent to Emergency Medical Treatment and Photo Release Form

I, the undersigned, certify that I am the parent or legal guardian of _____
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of
PERIMETER CHURCH: _____ (hereafter
"the activity") for events during the school year 20____ - 20_____.

I recognize that there are risks involved in participating in this activity and hereby assume all risk
of injury, harm, damage, or death to my minor child in connection with his/her participation in
this activity. **Minor child is not subject to any medical restrictions or conditions regarding
his or her participation in the activity.**

To the fullest extent permitted by law, I release **PERIMETER CHURCH**, its trustees, officers,
directors, employees, agents and representatives from any injury, harm, damage or death which
may occur to my minor child while participating in the activity and agree to save and hold
harmless **PERIMETER CHURCH**, its trustees, officers, directors, employees, agents and
representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical,
surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor
child. I understand that efforts will be made to contact me prior to treatment but, in the event I
cannot be reached in an emergency, I give permission to the activity leader to make the
decisions necessary for treatment. Should there be no activity leader available, I give
permission to the attending physician to treat my minor child. As parent or legal guardian, I
understand that I am responsible for the health care decisions of my minor child. I understand
that I remain responsible for the financial costs associated with any medical, dental, or hospital
care or treatment that is given to my minor child that is not covered by my personal or family
insurance policies or the policy provided by the church (but the Church is under no obligation to
obtain such insurance).

I hereby irrevocably authorize **Perimeter Church** to use and publish photographs, pictures,
portraits, video my child and likeness from their participation in this activity in any and all forms
and media and in all manners including composite images or altered representations for the
purpose of publicity, illustration, art, advertising, publishing, or any product or service
determined by Perimeter Church. I and my child shall have no right of approval, no claim to any
compensation, and no claim arising out of the use, alteration, or illusionary effect.

I understand and acknowledge that this authorization is a private contract entered into in
Georgia and that it will be covered by Georgia law, regardless of where any occurrence covered
by this authorization takes place.

Executed this _____ day of _____, 20____.

Parent/Guardian Signature _____

Printed Name _____

Parent Phone number _____