

Chestnut Hill Baptist Church Event and Photo Release Form

Smith Mountain Lake Waiver

In consideration of the permission granted to me/my child by Chestnut Hill Baptist Church, being fully aware and understanding any risks and dangers that are associated with said activities; it is still my decision to participate/allow my child to participate in such activity(ies). I hereby release and save harmless to Chestnut Hill Baptist Church, its officers and employees from all actions, causes of action, damages and claims, or demands which I, my heirs, executors, administrators, or assigns may have against Chestnut Hill Baptist Church and/or other described parties for all personal injuries known or unknown incurred by participation in this/these activity(ies). *In the event of a medical emergency, I authorize representatives of Chestnut Hill Baptist Church to contact EMS at 911, if I or my child is incapacitated. In the event I or my child requires medical treatment, I agree to be responsible for the cost of such treatment.*

Student Participant's Name (please print)

Smith Mountain Lake
Program Name

Parent/Guardian Name(s)

Emergency Contact Information

Secondary Emergency Number

Signature of participant, parent, or legal guardian (REQUIRED)

Date

Photo Release: I grant Chestnut Hill Baptist Church permission to use my/my child's likeness and name in any official communications materials. Materials may include but are not limited to news releases, publications, videos, billboards, television, and web use. I, the undersigned, have read this release and understand all its terms.

Signature of participant, parent, or legal guardian (REQUIRED)