

# IGNITE

set your heart on fire

## Medical Permission and Media Release Form

**Youth Name:** \_\_\_\_\_ **Youth Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Church Name, City:** \_\_\_\_\_

### Medical:

I hereby certify that the Youth named above is in good health and has my permission to participate in all activities related to IGNITE.

**In case of an emergency**, I hereby give permission to the physician selected by IGNITE staff to hospitalize; secure proper, appropriate treatment for; and order injection, anesthesia, x-rays, or surgery for the Youth.

Health Insurance Company \_\_\_\_\_

Policy ID# \_\_\_\_\_ Group # \_\_\_\_\_

Allergies, treatments \_\_\_\_\_

(Use back side of page for details if necessary.)

### Media:

I hereby grant Bethel University the irrevocable right and license to use and edit at their discretion photographs, video, and/or audio of the Youth, and to use or authorize its use, or any portion thereof, in any manner or media at this time and/or at any time in the future.

I agree to hold Bethel University and its employees, agents, and successors harmless against any liability, loss, or damage resulting from the use of the Youth's image, and hereby release and discharge them from any and all claims whatsoever.

I affirm that I am 18 years of age and am signing this release freely and voluntarily for the minor named above for whom I have responsibility. In executing this release, I do not rely on any inducements, promises, or representations made by Bethel University.

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail, email, or fax to: Office of Church Relations, Bethel University  
3900 Bethel Drive, St. Paul, MN 55112  
church-relations@bethel.edu, Fax: 651.635.1069  
Questions? Call Tracy at 651.638.6301