



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 IMPACT.

In case of an emergency, I hereby give permission to the physician selected by IMPACT 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