



Medical Release and Permission Form

Youth Name: _____ Youth Cell Phone: _____

Church Name & City: _____

I hereby certify that _____ 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 treatment for; and order injection, anesthesia, x-rays, or surgery for my child named above.

Parent Name _____

Parent Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Home phone (_____) _____

Work or cell phone (_____) _____

Health Insurance Company _____

Policy # _____ ID # _____

Allergies _____

Media Release Form

I, _____, hereby grant Bethel University the irrevocable right and license to use and edit at their discretion my photograph, video, and/or audio, 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 my 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 myself, or I am signing it for the following minor for whom I have responsibility (_____).

In executing this release, I do not rely on any inducements, promises, or representations made by Bethel University.

Signature _____ Date _____

Please mail or fax to: Office of Church Relations, Bethel University
3900 Bethel Drive
St. Paul, MN 55112
Fax: 651.635.8880