

Medical and Picture Release Authorization

____ I, the parent or guardian of the above individual, acknowledge that the participation in children's activities sometimes necessarily involves risk of physical injury. I further acknowledge that the Awana program of Cumming Baptist Church is primarily administered by volunteers and parents who give their time rather than paid professionals. By initialing this paragraph and signing this form below on behalf of the above named individual and permitting the voluntary participation of said individual in the Awana program, I hereby release, discharge, and hold harmless Cumming Baptist Church, its employees, volunteers, agents, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Cumming Baptist Church's Awana sponsored activities.

____ I further understand that pictures, videos, or audio of said individual may be used at the discretion of Cumming Baptist Church in promotional video/audio/publications/website/etc. without notification.

Parent/Guardian Signature and Date