

Victory World Church Consent Release Form

Participant Name _____
LAST FIRST MIDDLE INITIAL

Birthday ____/____/____ Age _____ Sex _____

Home Address _____
STREET ADDRESS CITY STATE ZIP

Phone () - Cell Phone () -

Emergency Contact

Name _____
LAST FIRST MIDDLE INITIAL

Relation to Participant: _____ Phone () -

Medical Information

Any Allergies or other medication? _____

Name of Physician _____ Phone () -
LAST FIRST

Address _____
STREET ADDRESS CITY STATE ZIP

Medical Insurance Company _____

Policy Number/Group Number _____

Address _____
STREET ADDRESS CITY STATE ZIP

Release of Liability:

In consideration of being accepted by VICTORY WORLD CHURCH for participation in an offsite event/activity, we (I), being 18 years of age or older do for ourselves (myself, and for and on behalf of my child - participant) do hereby release, forever discharge, and agree to hold harmless VICTORY WORLD CHURCH and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child - participant that occurred while said child is participating in the above described trip or activity. Furthermore, we (I) and on behalf of our (my) child - participant, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify said church, its Directors, employees and agents for any liability sustained by such church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Authorization for Treatment:

We (I) are the parent(s) / legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip and hereby give our (my) permission to said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation cost.

Name of Parent/Guardian(if under 18 years of age) _____

Signature of Parent/Guardian(if under 18 years of age) _____

Date _____

TALENT RELEASE FORM



By signing this release form, I authorize VICTORY WORLD CHURCH, to use the following personal information:

(1) My picture – including photographic, motion picture, and electronic (video) images. (2) My voice – including sound and video recordings.

I hereby grant to VICTORY WORLD CHURCH, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant VICTORY WORLD CHURCH all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant VICTORY WORLD CHURCH the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for VICTORY WORLD CHURCH'S use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents. IN WITNESS WHEREOF, I have executed this release on this ____ day of _____, 2017.

NAME:	PHONE:
ADDRESS:	
CITY/ ST/ ZIP	

SIGNATURE: _____

If talent is under the age of 18, then the signature of a parent or legal guardian is also required.

Parent's Signature _____