# BCAC CONSENT & RELEASE

(PLEASE PRINT)

Student 1 Full Name: _____

Student 2 Full Name: _____

Student 3 Full Name: _____

(Please initial each item)

1. _____ As the parent/legal guardian of the student(s) named above, I give my permission for his/her/their involvement in activities, productions on and off campus, and events of BCAC.

2. _____ I consent to the use of any video images, photographs, and audio recordings, or any other visual or audio reproduction that may be taken of the student(s) on this release during any classes or events at BCAC to be used, distributed, or shown at the discretion of BCAC. Additionally, I waive any right to royalties or other compensation arising or related to the use of the image(s) of the aforementioned subject(s).

3. _____ I understand that all reasonable safety precautions will be taken at all times by BCAC and its agents during classes and events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold BCAC and/or Advent Lutheran Church, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the student(s) on this form.

I have read this consent and release before signing below and I fully understand the contents, meaning, and impact of this release. I hereby certify that I am the parent or guardian of the student(s) named above, and do hereby give my consent without reservation to the foregoing release on behalf of this/these student(s).

All information in this form is confidential and will only be used for the purposes of BCAC. No information will be shared at any time with any outside party.

**Parent/Guardian Signature:** _____ **Date:** _____

Advent Lutheran Church carries a $100,000 bodily injury and a $25,000 property damage insurance policy.

Last updated 8/15/19

# BCAC MEDICAL RELEASE FORM

(PLEASE PRINT)

Student's Full Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

**Medical Insurance Information:**

Company Name: _____ Insurance Phone: _____

Policy #: _____ Policy Holder Name: _____

**Phone Numbers:**

Parent 1 name: _____ Parent 1 cell: _____

Parent 2 name: _____ Parent 2 cell: _____

Home Phone: _____

**Alternate emergency contact:**

Name: _____ Phone: _____

List any medical or physical conditions, allergies and any medications being taken (along with instructions for taking them):

In case of emergency, I authorize an adult leader to obtain emergency medical treatment as required. I understand that my insurance and I are responsible for all medical treatment costs and ambulance costs incurred, and I agree to pay all such costs.

**Parent/Guardian Signature: _____ Date: _____**

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Last updated 8/15/19