

**Fifth Avenue Baptist Church
2018 Permission for Emergency Treatment Form**

Name _____ Date of Birth _____

Address _____

Medical Insurance Company _____

Policy/Group Number _____

Address & Phone of Insurance Company _____

Medications Taken Regularly _____

Allergies _____

Health Problems _____

Person/s to be Contacted in Case of Emergency _____

Home Phone _____ Work Phone _____

Alternate Person/s to be Contacted in Emergency _____

Home Phone _____ Work Phone _____

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the person who is the above-named subject of this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, that failing to reach me, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release Fifth Avenue Baptist Church, and all persons associated with this organization from any liability associated with any accident, injury, or disease to the person who is subject of the form.

Signature of Participant or Legal Guardian

STATE OF WEST VIRGINIA
COUNTY OF _____, TO-WIT:

I, a qualified Notary Public, in and for the County aforesaid, hereby certify that the person whose signature appears above did, on this date, appear before me, and, after being duly sworn or affirmed, and reading this document in its entirety did affix his or her signature hereto in my presence.

Notary Public

Date Document Executed: _____

My Commission Expires: _____

INCLUDE SEAL PLEASE

Fifth Avenue Baptist Church
Authorization for Use of Image, Likeness, Voice, and Name
in Recordings and Electronic Media

I, the undersigned individual, hereby irrevocably grant to the Fifth Avenue Baptist Church (“FAB”), located at 1135 Fifth Avenue, Huntington, West Virginia, U.S.A., the perpetual, non-exclusive, royalty-free right and license to:

1. Record my image, participation, and appearance on digital or film photography, video tape, audio tape, or any other medium (collectively, the “Recordings”); and
2. Use my name (or any fictional name), likeness, voice, and biographical material in connection with these Recordings to be used only in or for FAB written, electronic, and web publications (the intended “Purposes”); and
3. Reproduce, distribute, publicly display, and/or publicly broadcast, in print, electronic, or any other medium, copies of the Recordings, in whole or in part; and
4. Reuse, edit, or license the right to edit or reuse such Recordings, in all media and in all forms, throughout the world, without compensation to me or without any limitation by me whatsoever.

I have been informed and I understand that I will not be compensated for my appearance on these Recordings and that my authorization is a condition to my participation in the Recordings. I hereby waive any right to editorial input, to inspect or approve the edited or finished version of the Recordings, and I further waive any right to editorial input, inspection, or approval of any printed matter that may be used in connection with the Recordings.

I understand that even though I will not be compensated for my participation in the Recordings, my participation will be considered a “work for hire” meaning FAB will be the sole owner of any copyright and/or trademark rights in the Recordings (and all applications, registrations and renewals resulting therefrom). If, however, my participation in the Recordings is deemed not to be a “work for hire” by a court of competent jurisdiction, then this Agreement shall constitute an irrevocable assignment to FAB of any and all of my interests in the worldwide copyright as related to my participation in the Recordings.

I represent that I am over the age of 18 (or, if this authorization is made on behalf of a minor under the age of 18, that the person executing this authorization has the legal right and authority to act on behalf of such minor) and possess all rights necessary to grant this authorization set forth herein. This grant of rights is made voluntarily by me. I further agree to release and forever discharge FAB, its agents, employees, and designated representatives, from any and all claims in law or equity that I or my heirs or personal representatives may have or shall have arising out of the Recordings. This release is governed by the laws of the State of West Virginia.

Signature of Party (or Representative)

Date

Name of Party (Please Print)

Relationship to Party (if Representative)