**Private Showing of the Movie “Missing” February 3, 2023**

**Parental / Guardian**

**Consent and Liability Waiver Form**

***(Complete One Form Per Participant - Every Participant Is Required To Have A Completed Form On File)***

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (name of parent/guardian/) \_\_\_\_\_\_\_\_\_\_ grant permission for my child, to participate in ***First Mount Zion Baptist Church’s* Private Showing of the movie “Missing” *at Potomac Mills 18 Movie Theatre*** and all planned activities associated with this event. I take sole responsibility for my child’s participation in this event and agree not to hold First Mount Zion Baptist Church and any representatives associated with this event liable or responsible for injuries, incidences, and/or medical expenses that might arise during my child’s participation in the Private Showing of the movie “Missing” at the Potomac Mills 18 Movie Theatre.

**1) RELEASE**: I approve the release of my son/daughter to the following persons if I am not available. ID at the time of pickup will be required. \_\_\_ (Initial) Not Applicable

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

**2) DENY RELEASE**: My son/daughter SHOULD NOT be released to the following persons. \_\_\_\_\_\_\_\_\_ (Initial) \_\_ Not Applicable

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3) Medical Matters:** I hereby state that to the best of my knowledge that **my child is** in good health to participate in this event. \_\_\_ (Initial)

**4) Emergency Medical Treatment:** In the event of an emergency, I understand that 911 will be called to transport **my child** to a hospital for emergency medical or surgical treatment and understand that I am responsible for all charges associated with this transport and treatment. \_\_\_ (Initial)

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: -\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_Family Health Plan Carrier: \_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5) Other Medical Treatment:** In the event it comes to the attention of the servants / staff associated with the conference that **my child** becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, etc., the Emergency Contact(s) listed above will be contacted. \_\_\_ (Initial)

**Parental / Guardian**

**Consent and Liability Waiver Form (*Continued*)**

**6) Medications:** I understand that the servants /staff associated with this event are not authorized to administer medications and I have made necessary arrangements to ensure that medications are administered, if needed. \_\_\_ (Initial )

**7) Specific Medical Information: \_\_** (Initial)

* Allergic reactions: \_\_\_\_\_
* Any physical limitations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Those servants/staff associated with the Private Showing of the movie “Missing” should also be aware of these special medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8) Behavior Issue(s):**

* I understand that if **my child** presents with behavioral problems and prevents others from enjoying the many benefits of The Private Showing of the movie “Missing,” then a plan of action will be discussed by servants /staff associated with this event. Such plans may include dismissal from The Private Showing of the movie “Missing.” If such occurs, **parents will be contacted,** and next steps will be discussed. \_\_\_(Initial)

**9) Additional Information We Should Know:**

Your child may be photographed, or video recorded by First Mount Zion Baptist Church Staff members or by vendors working for First Mount Zion Baptist Church for use within First Mount Zion Baptist Church. In addition, First Mount Zion may disclose your child’s image, name or voice in First Mount Zion Baptist Church photographic productions or other First Mount Zion Baptist Church sponsored publicity, including social media, website, and streaming.

By signing below, I am acknowledging that I fully understand the statements above and sign this Consent Form and Liability Waiver knowingly, freely, and willingly. My initials have been provided above stating that I have read and understand all items.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date January 22, 2023