

# **RELEASE FORM**

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

Address: \_\_\_\_\_

## **Consent for Treatment**

In case of emergency, I/we hereby agree to the performance of medical treatment, including anesthesia and surgery, as the attending physician may deem necessary on the above person.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian required if applicant is less than 18 years of age:

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

## **Release of Liability**

I/We hereby release Solid Rock Foundation Ministries, it's staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with Solid Rock Foundation Ministries.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian required if applicant is less than 18 years of age:

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

## **Legal Consent for Minors**

I hereby give my consent for \_\_\_\_\_

to travel outside the United States with Solid Rock Foundation Ministries.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print full name \_\_\_\_\_

Return to: Solid Rock Foundation Ministries, PO Box 2149, Montrose, CO 81402

# **MEDIA RELEASE FORM**

Solid Rock Foundation Ministries  
P.O. Box 2149  
Montrose, CO 81402

## Permission to Use Photograph or Video Footage

I grant to Solid Rock Foundation Ministries (SRFM), and its representatives, the right to take photographs of me (or my child) in connection with Audience of One (a ministry of SRFM) or any other ministry related activities. I authorize Solid Rock Foundation Ministries, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Solid Rock Foundation Ministries may use such photographs or video footage of me (or my child) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Internet content.

I have read and understand the above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print full name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Signature of parent or guardian required if applicant is less than 18 years of age:

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_