

First Baptist Church of Screven, Inc.
Children/Student Ministry Participant Release

THIS FORM IS FOR ALL YOUTH MINISTRY ACTIVITIES, EVENTS, RETREATS AND TRIPS
FOR THE YEAR _____

Name of Participant _____

Date of Birth: _____

Name of Parent(s)/Guardians: _____

Student's Age _____ School Grade _____ Phone _____

Alternate Phone _____ Address _____

City _____ State _____ Zip _____

Permission

- I do hereby verify the information given on this form is correct.
- I do hereby give permission for my above-named child to participate in and to be transported to and from ALL activities, events, retreats or trips sponsored by the Student Ministry of First Baptist Church of Screven, Inc., during _____ (year).
- I understand that this permission/release will apply to all planned activities, events, retreats or trips sponsored by the Student Ministry of First Baptist Church Screven, Inc. during _____ (year).
- I understand that, in the case of an emergency, First Baptist Church Screven, Inc., employees, agents, volunteers and/or sponsors will make every effort to contact me and/or the contact person named below; however,
- Should the named contact person, or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for First Baptist Church Screven, Inc. employees, agents, volunteers and/or sponsors to obtain emergency medical attention in case of sickness or injury, to my child.
- Should the named person or myself be unavailable to make decisions regarding my child's care, I do hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by First Baptist Church Screven employees, agents and/or sponsors for the welfare of my child.

Hold Harmless

In consideration for your allowing my child to go on said activities, events, retreats or trips:

- I hereby release, absolve, indemnify, hold harmless, and forever discharge First Baptist Church Screven, Inc., its employees, agents, organizers, sponsors, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child while participating in any activity, event, retreat or trip.
- I assume all risks and hazards incidental to the conduct of the activities, events, retreats or trips and transportation to and from these activities, events, retreats or trips. In case of injury to my child, I hereby waive all claims against First Baptist Church Screven, Inc., its employees, agents, organizers, sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from said activities, events, retreats, or trips.
- I agree that any dispute, claim, questions, or disagreement arising out of or relating to said activities, events, retreats or trips, which cannot be otherwise resolved shall be submitted to mediation and if necessary, legally binding arbitration as adopted by the Pastor and legal counsel. As a result, I expressly waive any and all rights at law and equity to bring any civil matter before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court have jurisdiction thereof.

- I agree to provide medical insurance for my child. Photography Consent: I understand that First Baptist Church Screven, Inc. regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday School and other church sponsored activities, events, retreats and trips. In consideration for allowing my child to participate in said activities, events, retreats and trips, I consent to my child's photograph, likeness or image being used by First Baptist Church Screven in video presentations, publications, promotions, on their web site or in any other lawful manner.

Medical Insurance Information

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check applicable box and give appropriate information below:

_____ None _____ Heart Trouble _____ Bronchitis _____ Kidney Trouble

_____ Diabetes _____ Stomach Upset _____ Asthma _____ Sinusitis

_____ Dizziness _____ Allergies: List

Other medical conditions we need to be aware of: _____

Medications your child/student is currently taking: _____

Do you give consent for church staff and/or adult leaders to assist in administering the above medication?

Yes No

What other OTC medications do you give consent for church staff/adult leaders to administer to your child?

Note: Verbal consent from parent or legal guardian will be required for administration of any medication not listed above.

Immunizations: _____ Tetanus: Date Received _____

Emergency Notification

If I am unavailable in the case of emergency, please notify the following:

Name: _____ Phone: _____ Alternate Phone: _____

Signature of Parent or Legal Guardian _____ Date _____

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Public

If you choose to later revoke this permission/release it must be done in writing.