

FIRST BAPTIST CHURCH PEACHTREE CITY

STUDENT MINISTRY at The Bridge Participant Permission-Medical Release

THIS FORM IS FOR ALL 2018-2019 STUDENT MINISTRY ACTIVITIES, EVENTS, RETREATS AND TRIPS

Name of Participant: _____ D.O.B. _____ Age: _____ School Grade: _____

Name of Parent(s) Guardian(s): _____ Home Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Student Lives with: Mother/Father or Both Parents: _____

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 Peachtree City during the 2018-2019 Sunday school year (beginning August 1, 2018 through July 31, 2019).
- 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 during the aforementioned effective dates.
- I understand that, in the case of an emergency First Baptist Church, employees, agents and/or sponsors will make every effort to contact me and/or the contact person named on the reverse side, 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 employees, agents 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 employees, agents and/or sponsors for the welfare of my child.

Hold Harmless

In consideration for you 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 Peachtree City, 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 further release, absolve, indemnify, hold harmless, and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, its employees, agents, organizers, sponsors or any supervisors in charge of Crossroads youth camps, 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 Crossroads.
- 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, 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 Executive 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 having jurisdiction thereof.
- I agree to provide medical insurance for my child.

Photography Consent:

I understand that First Baptist Church Peachtree City, LifeWay Christian Resources of the Southern Baptist Convention and the Crossroads staff, regularly photograph, videotape, or record 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, Lifeway and Crossroads Youth Camps, in video presentations, publications, promotions, on their web site or in any other lawful manner.

Medical Information

Family Insurance Company _____ Policy # _____

Insurance Company Customer Service Phone number or pre-certification phone number: _____

Family Physician _____ Phone: _____

Check applicable box and give appropriate information below:

- None Heart Trouble Bronchitis Kidney Trouble Epilepsy
- Diabetes Stomach Upset Asthma Sinusitis Dizziness
- Allergies: List

Other medical conditions or medications that we need to be aware of _____

Immunization: My child has received immunization for all of the following and all immunizations are current:

Chicken pox, Measles, Mumps, Rubella, Whooping Cough Yes No

If no, please explain: _____

Tetanus Shot: Date Received _____

Emergency Notification

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

Name: _____ Phone: _____ Alternate Phone: _____

Signature of Father or Legal Guardian

Signature of Mother or Legal Guardian

Sworn to and subscribed before me

I am signing for myself as an adult

This _____ day of _____ year _____

Date _____

Notary Public

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