

First Baptist Church Mt. Juliet

Student Ministry

Permission/Waiver Form

Name of Participant *(please print)* _____
Parent(s) and/or legal guardian(s) of child participant _____
Address _____
Best Phone # (____) _____ Secondary Phone # (____) _____
Age of Child _____ Birth Date _____ Academic Grade _____
School _____

If you are an adult participant, please designate an emergency contact and phone number:

Name of emergency contact _____
Phone number _____

Functions and Activities

It is my understanding that participating in the programs and other activities of **First Baptist Church (FBC) Mt. Juliet** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the participant named above is capable of withstanding both the physical and mental demands of the activities discussed above. *I also expressly assume all risks of the participant in the activities, whether such risks are known or unknown to me at this time.* I further release **FBC** and its ministers, leaders, employees, volunteers, and agents from any and all claims that my child may have or that I may have against them as a result of *injury* or *illness* incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **FBC** or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless **FBC** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the participant named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **FBC** to seek and secure any needed medical attention or treatment for the participant named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Photography and Video Recordings

By signing this waiver, I also understand this permission signifies that photographic or video recordings of me or my child may be electronically displayed via the church campus or on other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

Events and Field Trips

I understand that the participant named above will be participating in FBC Mt. Juliet Student Ministry activities in **2022**.

Health Insurance Information

Insurance Company _____
Policy Number _____
Insurance Company Phone Number _____
Group Number _____

Medical Doctor _____ Phone number _____

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name _____ Relation _____ Cell Phone _____

Name _____ Relation _____ Cell Phone _____

Swimming Ability

- ___ Non-swimmer
- ___ Beginner (capable of swimming for several minutes in deep water)
- ___ Moderate (capable of swimming several lengths of pool)
- ___ Advanced (capable of swimming long distances)

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.) Any medication must be administered by an adult and given to the designated person in charge prior to the event.

Other Information

Other information leaders should know about the child or adult participant. If needed, use additional page.

For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of **FBC**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **FBC**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Signature of Participant (if over 18) _____ Date _____

Print Name of Parent or Legal Guardian (Participant, if over 18) _____

Note: Does not need to be notarized.