

**First Baptist Church, Mount 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 recreational and other activities of **First Baptist Church (FBC)** 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, and 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.

**Events and Field Trips**

I understand that the participant named above will be participating in First Baptist Church Mt. Juliet youth events in 2019-2020.

**Health Insurance Information**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

**Emergency Contacts**

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

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ 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 minister in charge prior to the event.

\_\_\_\_\_

**Other Information**

Other information leaders should know about the child or adult participant:

\_\_\_\_\_

**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.

By signing this release 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.

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 unless event is overseas.