

PERMISSION FORM

_____ has my permission to participate in the following activity which is being sponsored by First Baptist Church, Greenville, South Carolina on the date indicated:

Description of Activity: Youth and Choir Activities between August 28, 2009 and August 31, 2010

- Please check all that apply
- Fall Retreat at Rockmont
 - Middle School Ski Trip
 - High School Ski Trip
 - Inner Mission Activities and Programs on Wednesday nights
 - Sunday Night Youth Activities and Daytrips
 - Saturday Mission Projects, Activities and Daytrips
 - Sunday School Activities
 - Spring Break Mission Trip
 - Youth Choir Trips and Events
 - High School Mission Trip
 - Middle School Mission Trip
 - High School Senior Mission Trip
 - Unidiversity Youth Camp
 - Weeknight activities
 - Sunday School Activities

Sponsoring Staff Members: Frank Smith, Gina Brock, Matt Rollins & Mittie Taylor

I have read the WAIVER AND MEDICAL AUTHORIZATION on the reverse side of this form and I understand and agree to all of its terms.

Medical Information*

Knows how to swim	Y	N
Tetanus shot up to date (include date) _____	Y	N
Any reaction to insect bites	Y	N
Asthma	Y	N
Any reaction to sun/sunburn	Y	N

*The above medical information, and any other medical information we need to be aware of, may be delivered to us in a "confidential" envelope.

Name of Medical Insurance Co. _____

Policy Number _____

Participant's SS# _____

Family Physician _____ Phone # _____

Please notify us concerning medications, allergies, or other special needs. You may do so here, or in a "confidential" envelope.

In case of emergency, I can be reached at the following phone number:

Home # _____ Cell Phone # _____

Father's Work # _____ Mother's Work # _____

Address: _____

Youth's e-mail address: _____

Youth's t-shirt size: _____

Youth's Cell Phone# _____

I understand that good behavior is an important part of any successful outing. If my child's behavior is deemed inappropriate by the group leader, I agree to take care of the expense of my child's return home before the end of the named activity.

NOTIFY CHURCH OF ANY CHANGES

WAIVER AND MEDICAL AUTHORIZATION FORM

RELEASE, WAIVER, AND INDEMNITY AGREEMENT IN REGARD TO PARTICIPATION BY MINORS IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to participation by my minor son/daughter in the Church sponsored activity described in the accompanying **PERMISSION FORM**. In consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against First Baptist Church, Greenville, South Carolina, the Pastors, the employees, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child/children, my spouse, and I **release** First Baptist Church, its Pastors, employees, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the Church sponsored activity described in the **PERMISSION FORM**. This release specifically covers and **releases** any and all claims against First Baptist Church, its Pastors, employees, and Church members for their own negligence.

2. I agree, and I hereby bind my estate, to **indemnify** First Baptist Church, its Pastors, employees, and Church members against any claim by me, or by my spouse, or by my child/children, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the Church sponsored activity described in the **PERMISSION FORM**, including any costs or attorneys' fees which are incurred by them.

3. I assume any risks and hazards incident to my child's/children's participation in this activity and consent to full participation by my child/children.

4. I further authorize First Baptist Church, its Pastors, employees, or Church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deem the same to be needed for my child/children. This authorization includes, but is not limited to the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse First Baptist Church for this medical care.

Parent or Legal Guardian

Date

I grant permission for my child's photo to be used on the FBC website. I understand that my child will not be identified by name.

Parent or Legal Guardian

Date

If you have any further questions, please call the youth office at 370-2424 ext. 122.