

# 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: Children's Activities between September 1, 2011 and August 31, 2012

- Date and Time:             Friday Night Activities/Trips  
Please check all that apply     Saturday Afternoon or Night Activities/Trips  
    Sunday Afternoon Activities/Trips  
    Sunday School Activities/Trips  
    Children's Missions Weeks  
    Camp Prism  
    Excellent Adventure

Sponsoring Staff Member: Stephanie Wright

**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: \_\_\_\_\_

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**

*Sign on reverse side*

# 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 Stephanie Wright at 370-2515 ext. 116.