

## First Baptist Church of Lapeer | 2018-2019 Youth Release Form

Name of Child: \_\_\_\_\_

**REQUIRED**

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Home Number: (\_\_\_\_) \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or other significant medical condition? YES / NO | If yes, please state the condition: \_\_\_\_\_

If you wish to have your doctor contacted in case of emergency: Doctor's Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### EMERGENCY AUTHORIZATION (FROM ABOVE)

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the Associate Pastor/Youth Pastor, leaders, or assistant leaders acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorization Signature: \_\_\_\_\_

### WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the undersigned parent or guardian of the above named individual, acknowledge that participation in any activity event of the First Baptist Church of Lapeer Youth Ministry has a certain risk for physical injury. I certify that my child is able to participate in activities for the Youth Ministry year of 2018-2019 that is to take place on the property of First Baptist Church of Lapeer or at such places as approved by the church. Such activities include, but are not limited to, those listed on the Youth Ministry calendar. I further acknowledge that the Youth Ministry is primarily administered by people who volunteer their time, rather than by paid, trained professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its program, I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless First Baptist Church, its employees, volunteers and other representatives or affiliates from and against any claim arising out of or relating to illness, physical injury, death, or other damages that may result to said individual while participating in the First Baptist Church of Lapeer Youth Ministry meetings and activities, including any physical injury by the negligence of any leader or assistant leader while performing his/her duties during any meeting or activity. I attest that my child is physically capable to participate in all the activities of the Youth Ministry. However, should representatives or volunteers determine in their sole discretion that participation in any activity would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the Associate Pastor/Youth Pastor, youth leaders, representatives, and/or volunteers.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the State of Michigan and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Unless checked, I give my permission for the use of photographs and/or video including my child to be used in FBCL online and print publications.

Parent or Guardian: \_\_\_\_\_

(Print full name)

\_\_\_\_\_

(Signature)

Date: \_\_\_\_\_