FIRST MISSIONARY BAPTIST CHURCH, INC. YOUTH MINISTRY PERMISSION SLIP AND LIABILITY WAIVER

Particip	oant Name:	Age:	Date of Birth:		
Activity Name:					
Activity	Date:				
Will your child be attending Point Mallard on Friday, June 7, 2019? ☐ Yes ☐ No If "yes," can your child swim? ☐ Yes ☐ No					
Note: Children age 12 and under must be accompanied by a parent or designated chaperone in order to attend Point Mallard on Friday June 7, 2019.					
volunte FMBC" or their related I acknow	dissionary Baptist Church and its leaders eers, members and representatives (collective), are not responsible for any injury, loss or a property while participating in events, activities associated with the First Missional wiledge that I am aware of the possible Risk ivities including the possible risk of severe or	ely referred to as "First damage of any kind wh ties or travel with First ry Baptist Church, inclu ss, Dangers and Hazar	t Missionary Baptist Church and/or latsoever sustained by any person Missionary Baptist Church and all liding injury, loss or damage. I'ds associated with participation in		
RELEASE OF LIABILITY & AGREEMENT In consideration of First Missionary Baptist Church allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child: 1. TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my or my child's participation in the Activities.					
2.	TO WAIVE and RELEASE First Missional damage, injury or expense that I or my child result of my or my child's participation in the	d may suffer, or that m	y next of kin may suffer as a		
3.	TO INDEMNIFY and HOLD HARMLESS F liability for any damage to the personal pro- from my or my child's participation in the ac-	perty of, or personal inj			
4.	TO INDEMNIFY and HOLD HARMLESS F claims, demands, actions and costs for any arise out of my or my child's participation in	loss, injury, damage c			
PERMISSION TO PARTICIPATE PARENT OR GUARDIANS I/we grant permission for to attend with employees, adult leaders, volunteer staff, and youth of First Missionary Baptist Church Youth Ministry on, 2019., including any use of private or public transportation deemed necessary by the persons in charge of the Youth Week for Participant travel to and from Youth Week					

activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Week activity is deemed advisable. I /we further have read this statement of responsibility in its entirety and have talked with my child about it and the rules and expectations. I/we understand all reasonable safety precautions will be taken at all times by First Missionary Baptist Church and its agents during this event/trip. I/we understand the possibilities of unforeseen hazards and know the inherent possibility of risk. I/we agree to hold harmless First Missionary Baptist Church, its leaders, employees, and volunteer staff for damages, losses, diseases, or injuries (including death) incurred by subject of this release.

PHOTOGRAPHY CONSENT/RELEA	ASE							
I, (print name)			, hereby grant permission to FMBC					
and its representatives to take and use: photographs and/or digital images of me and/or my child for use at First Missionary Baptist Church activities, in news releases, Facebook® pages related to First Missionary Baptist Church and youth ministries, PowerPoint slide presentations, and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of First Missionary Baptist Church representatives. I also understand that the participant may be photographed or appear in video for such purposes as First Missionary Baptist Church deems necessary.								
administrators, successors and ass	agreement the signs. I have recement voluntary	nat is binding upon myself and my heirs, e ead and understand the terms of this agreem arily, I am agreeing to abide by its terms and I ar	ent and					
This Consent, Authorization and from June 3, 2019 through June 7	_	nent shall be effective for the Youth Week	activities					
Signature of Parent or Guardian	Date	Signature of Participant (if Participant is under 19 years of age)	Date					
Printed Name of Parent	 Date	Printed Name of Participant	 Date					

FIRST MISSIONARY BAPTIST CHURCH YOUTH MINISTRY MEDICAL INFORMATION AND RELEASE FORM

Instructions: This form must be completed annually for all children participating in Youth Ministry activities and programs.

CHILD/FAMILY INFORMATIO	<u> </u>		
		M F	
Child's Name	DOB	Gender	
Address	City	State Zip	
Mother's Name	E-mail	Phone Number	
Father's Name	E-mail	Phone Number	
Guardian's Name	E-mail	Phone Number	
MEDICAL INFORMATION			
Asthma	nus Shot (mm/dd/yyyy): ns and dosage currently taken:		- - - - -
Insurance & Physician In	FORMATION		
Insurance Carrier	Policy Holder	Insurance Phone Nu	mber
Policy Group No. My CHILD IS NOT COVER	Primary Physician	Physician Phone Nu	mber

First Missionary Baptist Church 3509 Blue Spring Road Huntsville, Alabama 35810 256-852-4318 • www.fmbc.org

FIRST MISSIONARY BAPTIST CHURCH YOUTH MINISTRY MEDICAL INFORMATION AND RELEASE FORM

MEDICAL RELEASE/ MEDICAL AUTHORIZATION

,	, parent or legal guardian of	hereby give					
	erone or other adult representative of First Miss						
to obtain such medica	al care as is reasonably and medically necess	ary for the welfare of my					
child(ren), in the even	t of any emergency or other medical occurren	ce. I request that payment					
under my medical ins	surance program be made directly to the sit	te of services rendered. I					
understand I, not the	authorizing adult or First Missionary Baptist	Church, Inc. or any of its					
· ·	financially responsible for fees not covered by						
	by health insurance, I understand and agree	_					
responsible for any inj	ury or illness that may occur by reason of this p	articipation.					
Conoral Poloaco							
General Release	the undersigned parent or local guardic	an do horoby rologeo Eirst					
	, the undersigned parent or legal guardia						
Missionary Baptist Church, Inc., including all of its affiliated entities, its pastor, its officers and deacons, and its chaperones or designees, from any and all liability which might result from any							
personal injury claims or cause of action which might result directly or indirectly from my minor							
child(ren)'s participation in any activity or trip which may be conducted under the supervision or							
direction of the First Missionary Baptist Church, Inc							
	, ,						
Parent/Guardian Signa	iture						
 Print Name	Relationship to Minor	Date					
riiii Naiile	veignousinh to minol	Date					

Important Notice: In accordance to the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy Rule regulation, it is important that all parties in receipt of this form, assure that the information contained on this document is properly protected while allowing the flow of health information needed to provide health care to protect the individual's health and well-being. The purpose of the Privacy Rule is to define and limit the circumstances in which an individual's Protected Health Information (PHI) may be used or disclosed. Contents contained on this document should only be discussed or shared with the individual (or their personal representative) or for the treatment activities of any healthcare provider.

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