

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

Participant 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.

First Missionary Baptist Church and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "First Missionary Baptist Church and/or FMBC"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with First Missionary Baptist Church and all related activities associated with the First Missionary Baptist Church, including injury, loss or damage. I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

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 Missionary Baptist Church** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS First Missionary Baptist Church** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS First Missionary Baptist Church** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

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/RELEASE

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.

ACKNOWLEDGEMENT and SIGNATURE

I understand that this is a legal agreement that is binding upon myself and my heirs, executors, administrators, successors and assigns. I have read and understand the terms of this agreement and I acknowledge that by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective for the Youth Week activities from June 3, 2019 through June 7, 2019.

Signature of Parent or Guardian Date

Signature of Participant Date
(if Participant is under 19 years of age)

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 INFORMATION

Child's Name	DOB	M F	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

Instructions: Check all that apply. If Condition is checked, please explain in the space provided.

Asthma	<input checked="" type="checkbox"/>	<hr/>
Diabetes	<input type="checkbox"/>	<hr/>
Heart disease	<input type="checkbox"/>	<hr/>
Hay Fever	<input type="checkbox"/>	<hr/>
Eating Disorder	<input type="checkbox"/>	<hr/>
Seizures	<input type="checkbox"/>	<hr/>
Drug Allergies	<input type="checkbox"/>	<hr/>
Physical Limitations	<input type="checkbox"/>	<hr/>
Others	<input type="checkbox"/>	<hr/>

Date of Child's last Tetanus Shot (mm/dd/yyyy):

Please list all medications and dosage currently taken:

INSURANCE & PHYSICIAN INFORMATION

Insurance Carrier	Policy Holder	Insurance Phone Number
Policy Group No.	Primary Physician	Physician Phone Number
<input type="checkbox"/> MY CHILD IS NOT COVERED		

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