

Liability Release

In consideration for being accepted by First Baptist Church for participation in all year **2009/2010** activities and events, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless First Baptist Church of Clover, SC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature which may be incurred by the undersigned and the child-participant that occur while said child is participating in any church trip, activity or event.

Furthermore, we (I) [and on behalf of our (my) child participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to First Baptist Church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify First Baptist Church, its directors, employees, and agents, for any liability sustained by First Baptist Church as a result of the negligent, willful or intentional acts of said participant, including expensed incurred attendant thereto.

If the participant has not attained the age of 21 years):

We (I) are the parents(s) or legal guardian(s) of this participant, have read and fully understand the above statements and hereby grant our (my) permission for him/her to participate fully in all year **2008/2009** activities. I (we) assume all responsibility of any and all cost, not limited to but including medical.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation cost.

At least one parent/guardian must sign for participants under 21 years of age.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p>(type or print name of participant)</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Father Date</p>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p>(parent's telephone)</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Mother Date</p>
	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Legal guardian Date</p>

Participant Only

I have read the above and understand the rules of conduct for participants and will abide by them as well as the directors of the leadership of all activities.

Participant date

Absolutely no one will participate in any activity without this form on file or without signatures required above. **No Exceptions!**

Parental Consent/Medical Treatment Form
For all 2009/2010 events and trips

Name of Church: First Baptist Church

Youth Leader: Mike Stafford

I, the undersigned parent or guardian of: _____, a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Insurance Company or Group: _____

Policy Number: _____

(Please print the following information)

Name of Participant: _____ Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Signature of Parent or Guardian

My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.

Please list any allergies: _____

Any medications taken on regular basis: _____

List over the counter medicines okay to be taken: _____