



# RELEASE FORM

Date: \_\_\_\_\_ This form is good for one calendar year from the date of signing

Student Name(s): \_\_\_\_\_

Age(s): \_\_\_\_\_ Birth Date(s): \_\_\_\_\_ Shirt Size(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

In case of emergency, the best person to contact is \_\_\_\_\_

Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

## **Sponsoring Organization: FBC (First Baptist Church, Medford)**

We, the undersigned parent/guardian of the above named participant, grant permission for the participant to participate in any event sponsored by FBC. We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities. We understand that this activity, as any activity for youth, does present the risk of injury and/or sickness to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death and hold any employees, agents, representatives and volunteers of FBC harmless from any liability resulting from the conduct of the participant in this activity and agree to indemnify FBC, its employees, agents, representatives, and volunteers against any claim or liability. We authorize those representatives to arrange for such medical treatment as they may deem advisable for the health and well-being of the participant, understanding that immediate consultation to us will occur. List of Youth Ministry activities: Dodgeball, Encounter Weekend, Mission Trips, Summer Fellowship Nights, swimming, running, rafting, water skiing, sporting games, eating, riding in authorized vehicles, hiking, biking, camping, community projects, camp fires, etc.

The participant is covered by Medical Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

The participant is able to swim. \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any food or medical allergies \_\_\_\_\_

We also authorize transportation by an insurance approved driver of FBC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the participant, understand that I am under the authority of those leaders in charge. I also understand that the use or possession of alcoholic beverages, illegal drugs, tobacco, fireworks, firearms, knives, foul language, and/or abusive or sexual behavior are prohibited, and will result in immediate expulsion, at the expense of myself or parent/guardian. I understand that this is a Christian event and will have a spiritual emphasis. I have read and discussed these guidelines with my parent/guardian.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_