

FBC Rockport Liability Release, Indemnity, Medical Treatment, and Transportation Agreement

Please print in ink.

PARTICIPANT'S NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____

PHONE _____ SCHOOL GRADE _____ MALE _____ FEMALE _____

PARENT/GUARDIAN NAME(S) _____ / _____

WORK PHONE/CELL PHONE(S) _____ / _____

PARENT/GUARDIAN E-MAIL ADDRESS(ES) _____

TO FIRST BAPTIST CHURCH ROCKPORT:

The undersigned do(es) hereby give permission for our (my) child: _____
("Participant"), to attend and participate in First Baptist Church Rockport children/youth ministry activities/events:

In consideration of First Baptist Church Rockport allowing the Participant to participate fully in children/youth ministry activities/events, we (I), the parent(s) or legal guardian(s) of the Participant, hereby grant our (my) permission for the Participant to participate fully in children/youth ministry activities/events, including trips away from the church premises. Further, the undersigned agree to the following.

LIABILITY RELEASE

The undersigned hereby release, discharge, waive, relinquish, and agree to hold harmless First Baptist Church Rockport, its directors, employees, volunteers and agents (collectively herein the "Church") from all actions or causes of action for personal injury, property damage, or wrongful death which may be incurred by the undersigned or the Participant while involved in children/youth ministry activities/events.

The undersigned agree that under no circumstances will he or she or they prosecute or present any claim for personal injury, property damage, or wrongful death against the Church, whether the same shall arise by the negligence of the Church or otherwise in connection with Participant's participation in children/youth ministry activities/events.

Further, authorization and permission are hereby given to the Church to furnish any necessary transportation, food, and lodging for the Participant. The undersigned further agree to hold harmless and indemnify the Church for any liability sustained by the Church as the result of the negligent, willful, or intentional acts of the Participant, including expenses incurred attendant thereto.

THE UNDERSIGNED AND CHURCH INTEND FOR THE RELEASES STIPULATED IN THIS AGREEMENT TO SERVE AS A COMPREHENSIVE BAR AGAINST ANY UNKNOWN OR UNFORESEEN ACTIONS, CAUSES OF ACTION, OBLIGATIONS, COSTS, EXPENSES, ATTORNEYS' FEES, DAMAGES, LOSSES, AND CLAIMS THAT MAY ARISE IN RELATION TO THE PARTICIPANT'S PARTICIPATION IN CHILDREN/YOUTH MINISTRY ACTIVITIES/ EVENTS. THE UNDERSIGNED EXPRESSLY WAIVE ALL RIGHTS AND BENEFITS GRANTED UNDER TEXAS LAW OR FEDERAL LAW.

BY SIGNING THIS AGREEMENT IT IS THE INTENTION OF THE UNDERSIGNED TO ASSUME ALL RISKS ATTENDANT WITH THE PARTICIPANT'S PARTICIPATION IN CHILDREN/YOUTH MINISTRY ACTIVITIES/EVENTS MADE AVAILABLE BY THE CHURCH AND TO EXEMPT AND RELIEVE THE CHURCH FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY ANY NEGLIGENT OR WRONGFUL ACTS OR OMISSIONS OF THE CHURCH.

INDEMNITY

THE UNDERSIGNED AGREE THAT IN THE EVENT ANY CLAIM FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH SHALL BE PROSECUTED AGAINST THE CHURCH ARISING FROM OR AS A RESULT OF PARTICIPANT'S PARTICIPATION IN CHILDREN/YOUTH MINISTRY ACTIVITIES/EVENTS PROVIDED BY THE CHURCH, THE UNDERSIGNED SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CHURCH FROM AND AGAINST ANY AND ALL SUCH CLAIMS OR CAUSES OF ACTION BY WHOMEVER OR WHEREVER MADE OR PRESENTED.

MEDICAL TREATMENT PERMISSION

The undersigned authorize an approved ADULT chaperone, in whose care the Participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, dental diagnosis or treatment, and hospital care to be rendered to the child/youth on the advice of any duly licensed physician or dentist on the medical staff of a duly licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the Participant pursuant to this authorization.

EARLY RETURN HOME POLICY

Should it be necessary for the Participant to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION

The undersigned give permission for the Participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by the Church. The Participant and I (we) understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

___ I (We) verify that I (we) am/are the legal parent(s)/guardian(s) of the Participant listed above.

I (we) acknowledge that I (we) has/have read and understand this Agreement,

Parent/Guardian Signature(s) _____ / _____ Date: _____

<p>Insurance</p> <p>Child's Name _____ Last 4# of Social Security No. _____</p> <p>Medical Insurance YES _____ NO _____ Insurance Company _____</p> <p>Insurance Company Phone _____</p> <p>Policy/Group ID#: _____ / _____</p> <p>Emergency Person(s) and Phone #'s to notify in case parent/guardian cannot be reached:</p> <p>_____</p> <p>Allergies or Medical Conditions _____</p> <p>_____</p> <p>Medications Currently Taking _____</p> <p>Parent/Guardian Signature(s) _____ / _____</p> <p>Date _____</p>

Media Release

___ **Yes** I/We hereby give permission for the staff and volunteers of First Baptist Church to photograph, videotape and/or record my child/children (or allow area news reporters to do the same) for purposes of in-house Church use and/or for public information for promotion of the Church (i.e. brochures, websites, newspapers, radio, television, social media).

___ **No** I/We DO NOT give permission for the staff and volunteers of First Baptist Church to photograph, videotape and/or record my child/children (or allow area news reporters to do the same) for purposes of in-house church use and/or for public information for promotion of the church (i.e. brochures, websites, newspapers, radio, television, social media).

Parent/Guardian Signature(s) _____ / _____

Date: _____