

**FIRST BAPTIST CHURCH
RELEASE & MEDICAL CONSENT
(STUDENT)**

The undersigned ("Parent" or "Guardian"), for and in consideration of First Baptist Church (FBC) allowing _____ ("Student") to participate in FBC youth activities agrees to release, hold harmless, defend, and indemnify FBC, its ministers, agents, employees, volunteer workers, and all persons in privity with ("Indemnified Parties"), from and against all liabilities, claims, losses, costs, expenses and damages of any and every kind caused, incurred, suffered by, or asserted against Indemnified Parties arising out of or resulting directly or indirectly from Student's participation in the youth activities.

Parent hereby authorizes Indemnified parties to seek medical care for Student should the need arise during the youth activity. Student's allergies or special medical needs are as follows:

Allergies or Medical Needs:

Physical Limitations (asthma, diabetes, allergies, etc.), and or special instructions (Allergic to certain medications, food allergies, rare blood type, etc.):

(Please print) Parent/Guardian Home Phone: Work Phone: Cell Phone:

In the event that parents/guardian cannot be reached, please list names and telephone numbers of responsible persons who may be contacted:

Name: _____ Number: _____

Relationship to student _____

Name: _____ Number: _____

Relationship to student _____

Doctor's name and telephone number: _____

Insurance Company: _____

Name of Insurance: _____

Policy #: _____

MEDIA CONSENT: I give my consent and permission for the taking of photographs of me (or my Student) on the official church website, www.fbcbreck.org. I understand photo content will relate to the church or church activities. Youth will not be identified by name in any photo or text.

PLEASE INITIAL: _____

Name: _____ **Date:** _____

Parent Signature: _____

**FIRST BAPTIST CHURCH
RELEASE & MEDICAL CONSENT
(ADULT)**

The undersigned ("Sponsor"), for and in consideration of First Baptist Church (FBC) allowing _____ ("Sponsor") to participate in FBC youth activities agrees to release, hold harmless, defend, and indemnify FBC, its ministers, agents, employees, volunteer workers, and all persons in privity with ("Indemnified Parties"), from and against all liabilities, claims, losses, costs, expenses and damages of any and every kind caused, incurred, suffered by, or asserted against Indemnified Parties arising out of or resulting directly or indirectly from Sponsor's participation in the youth activities.

Sponsor's hereby authorizes Indemnified parties to seek medical care for Sponsor should the need arise during the youth activity. Sponsor's allergies or special medical needs are as follows:

Allergies or Medical Needs:

Physical Limitations (asthma, diabetes, allergies, etc.), and or special instructions (Allergic to certain medications, food allergies, rare blood type, etc.):

(Please print) Parent/Guardian Home Phone: Work Phone: Cell Phone:

Emergency Contact please list names and telephone numbers:

Name: _____ Number: _____

Relationship to Sponsor: _____

Name: _____ Number: _____

Relationship to Sponsor _____

Doctor's name and telephone number: _____

Insurance Company: _____

Name of Insurance: _____

Policy #: _____

MEDIA CONSENT: I give my consent and permission for the taking of photographs of me (or my Student) on the official church website, www.fbcbreck.org. I understand photo content will relate to the church or church activities. Youth will not be identified by name in any photo or text.

PLEASE INITIAL: _____

Name: _____ **Date:** _____

Sponsor Signature: _____