

Liability Release Form

Release of All Claims

We (I), being 18 years of age or older, for ourselves and on behalf of the child participant do hereby release, forever discharge and agree to hold harmless First Baptist Church of Fairfield, its staff, employees, leaders, directors, volunteers and any other agents (hereinafter called "agents") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child is participating in any church activity, event or trip, regardless of the location(s) of such activity, event or trip.

Assumption of Risk

Furthermore, we (I) assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all aspects of the above referenced activity/event for ourselves and on behalf of the child-participant. Such risks may include exposure to other participants who are ill or have special medical conditions.

Permission to Participate

Further, we (I) are the parent(s) or legal guardian(s) of this participant, and grant our (my) permission for him/her to participate fully in all church activities, events, or trips. First Baptist Church of Fairfield or its agents is authorized to furnish any necessary transportation, food and lodging for this participant, except when otherwise stated for the particular activity, event or trip.

Indemnification

The undersigned agrees to hold harmless and indemnify First Baptist Church of Fairfield and its agents for any liability and related expenses sustained by said Church as the result of the negligent, willful or intentional acts of said participant.

Medical Treatment Authorization

Permission is granted to take said participant to a doctor or hospital if needed. We (I) authorize medical treatment, including but not limited to emergency surgery, and assume the responsibility of all medical bills, if any.

Unplanned Transportation Costs

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all transportation costs and as appropriate, to fully indemnify and/or reimburse First Baptist Church of Fairfield or its agents.

Photo/Audio/Web Release (please check if you agree)

() I hereby consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child-participant during their participation in any activity, event, or trip to be used, distributed, or shown as said Church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers.

Signature of Participant

Date

Signature of Parent/Guardian (if under 18 yrs)

Please submit a copy of your insurance card.

Health Information Form

Name of Participant _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Sex _____ Height _____ Weight _____

Social Security Number _____

Emergency Contact Person

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____

Alternate Contact Person: (Use someone near the primary contact)

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes _____ No _____

Name of Insurance Company _____ In whose name is the insurance? _____

Policy Number _____ Group Number _____

Family Doctor _____ City _____ Phone Number (_____) _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History:

Pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Any allergies? _____ to medications? _____

_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Asthma _____ Frequent Stomach _____ Upsets Insect Stings
_____ Epilepsy/Nervous Disorders _____ Physical Handicap _____ Any major illnesses during the past year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions)

Date of last tetanus shot _____ Contact Lenses? _____

Any swimming restrictions? _____ Yes _____ No _____ What? _____

Any activity restrictions? _____ Yes _____ No _____ What? _____

Blood Type _____