

FIRST SOUTHERN BAPTIST CHURCH  
LIABILITY RELEASE / PARENT CONSENT FORM

In consideration for being accepted by **First Southern Baptist Church** for participation in CHILDREN'S/YOUTH MINISTRY TRAVEL ACTIVITIES, 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 Southern Baptist Church** 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 whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) 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 said church to furnish any necessary transportation, food, and lodging for this participant.

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

We (I) are the parent(s) or legal guardian (s) of this participant, and hereby grant our (My) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor of hospital and hereby authorized medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

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

Please Print Clearly

\_\_\_\_\_  
Full Name of Participant

\_\_\_\_\_  
Parent(s) or Legal Guardian Name & Telephone Number(s)

Hospital Insurance:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Physician: \_\_\_\_\_

Physicians Phone: \_\_\_\_\_

List current medications: \_\_\_\_\_

\_\_\_\_\_  
List allergies (food, medicine, etc.): \_\_\_\_\_

\_\_\_\_\_  
Emergency Name and Numbers (other than name listed above):

\_\_\_\_\_  
(First Contact Name & Phone Number)

\_\_\_\_\_  
(Second Contact Name & Phone Number)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date