

First Baptist Church Single Event Consent & Release Form

I the undersigned parent or guardians, hereby consent to my child, _____, participating in _____, an event sponsored by First Baptist Church on ___/___/_____.

I certify that my child is able to participate in these activities including _____, _____, _____, and all indoor and outdoor activities. I have listed below any and all of my child's medical conditions which may be relevant to the adult sponsors for the maximum safety of my child, and which may also be relevant to a physician in the event of an emergency. In the event that an emergency occurs, I have listed below the telephone numbers that I may be reached at. If I cannot be reached, I hereby authorize _____ (an adult sponsor) to make emergency decisions for my child. If there are any activities that I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold First Baptist Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that ***I HAVE READ CAREFULLY THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.***

Parent or Legal Guardian

Date Signed

MEDICAL CONDITIONS TO BE AWARE OF INCLUDING ALLERGIES, REACTIONS, LIMITATIONS, etc:

TELEPHONE NUMBERS THAT I CAN BE REACHED IN AN EMERGENCY:

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:
