

First Baptist Church of Palmetto
1020 4th St W, Palmetto, FL 34221
Liability/Medical Release

I, the parent/Legal Guardian of _____ do hereby give consent to my child to participate in activities and selected field trips of First Baptist Church of Palmetto from January 1, 2019 to December 31, 2019. I do release and agree to hold harmless First Baptist Church of Palmetto and the director thereof from any and all liability, claims or demands from personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and child-participant that occur while the child is in the care of First Baptist Church of Palmetto.

I, on behalf of my child-participant, assume all risk of personal injury, damage, and expenses as the result of participation in recreational activities involved.

I, as parent/legal guardian of the child-participant, give my permission for him/her to participate fully in the trips/activities. I give permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I understand that I will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the ministry leader may choose a reputable physician.

Also, I understand that as a participant, my child may be photographed or videotaped during normal activities and these photos/videos may be used in church related promotions.

Participant Name _____ Relationship _____

Parent Name _____ Home phone _____

Address/City/State/Zip _____

Work phone _____ Cell phone _____

List one local person who will be available to assume responsibility for your child in an emergency if parent cannot be reached:

Name _____ Relationship _____

Participant's health is (Check one) Excellent Good Fair Poor

List any allergies, Medications or medical difficulties: _____

Insurance Company and address _____

Phone _____ Policy # _____

Parent/Legal Guardian signature

Signed before me this ____ day of ____, 20____
personally known to me, or has produced ID,

Date

Notary Public

SEAL

Grade _____