



Liability/ Medical
Release 2024

10215th St W
Palmetto, FL 34221
941-722-7795

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, 2024 to December 31, 2024. 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 understand there will be temperature screening and my child may not attend if he/she has a fever or any other symptoms of illness. Additionally, my child will be participating in activities with other children and adults and my child may not attend if he/she has been exposed to someone who has tested positive for COVID-19 within the past 14 days. I acknowledge and fully assume the risk of illness or death, including exposure to COVID-19, arising from my child participating in First Baptist Church activities. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT First Baptist Church of Palmetto from any liability related to illness or injury, including COVID-19, that might occur.

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, recorded or videotaped during normal activities and these photos/videos may be used in church promotions that may include social media and website.

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 _____, 2024
personally known to me, or has produced ID,

Date _____ Notary Public
SEAL

Grade _____