

FIRST BAPTIST CHURCH OF NEWNAN

PERMISSION / MEDICAL RELEASE FORM

Name of Child or Adult Participant (please print) _____

Address _____

City _____ State _____ Zip _____ Phone _____ Cell _____

If the participant is a child, print the names of parent(s) and/or legal guardian(s) _____

Age of Child _____ Birth Date ____/____/____ Academic Grade _____ School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of First Baptist Church of Newnan is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release First Baptist Church of Newnan and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against First Baptist Church of Newnan or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless First Baptist Church of Newnan and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Special Events and Field Trips

I understand that the child named above, or I, will be participating in (*special event activity*) GA Baptist Youth Reel Fest from

January 23 through January 24, 2015

I understand that during this period my child/ward, or I, if I am an adult participant, may take part in activities such as:

Riding school bus to and from First Baptist Church, Marietta, GA for festival and other activities consistent with the purposes of the church.

Publicity

On occasion, First Baptist Church of Newnan will take photographs or make an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in First Baptist Church of Newnan publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above, or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of First Baptist Church of Newnan to seek and secure any needed medical attention or treatment for the child name above, or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Health Insurance Information

