

Student Release and Waiver of Claims Form

First Baptist Church – Collinsville, Texas

Please fully COMPLETE both side of this form. This is page 1 of 2

I, (print name) _____, am the parent/legal guardian (circle one) of

_____. My child/ward, _____ has my permission to attend all First Baptist Church - Collinsville, Texas, events and activities. In the event that my child should need emergency medical care or attention, First Baptist Church, Collinsville, Texas, leadership, members, volunteers and any of their agents or employees (hereinafter collectively referred to as “**FBC Collinsville**”) are hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided, I understand that my health insurance will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand **FBC Collinsville** and other church entities involved in any activity or transportation involving my child/ward will not be obligated to pay either the health care professional or me for any medical expenses incurred by either myself or my child/ward.

There are instances when third party contractors are used to operate and supervise various events and activities. If and when third party contractors are used, I agree that **FBC Collinsville**, and other church entities involved are not responsible for the actions of these third party contractors. I further agree that **FBC Collinsville** is not liable for the actions or activities of participants or sponsors participating in events or activities operated, supervised or provided by any third party contractors.

I understand that risk of injury from any recreational activity and/or event, and the risk of injury involved during transportation to and from any activity and/or event, is significant, including, but not limited to, the potential for temporary or permanent paralysis and death. While particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risk, both known and unknown, even if arising from negligence of others, and assume full responsibility, financial and legal, for my child’s participation in or observation of such activities or transportation.

Furthermore, in consideration of my child being allowed to attend the First Baptist Church - Collinsville, Texas activities and to receive transportation services, I, on behalf of myself and my child/ward named herein, hereby waive and claims or causes of action against **FBC Collinsville** which may arise from any such activities or transportation services. I hereby agree to indemnify and hold harmless **FBC Collinsville** against any and all causes of action, rights, claims, or suits which I or my child/ward may have against **FBC Collinsville** as a result of any injury or illness to my child, including but not limited to: (1) injuries arising from my child’s participation in or observation of recreational activities, (2) injuries arising from **FBC Collinsville** to consent to the provision of emergency medical care to my child; and, (3) the provision by **FBC Collinsville** of any transportation to my child/ward.

I understand that my child’s/ward’s image may be included in a video or in photographs that may be made during First Baptist Church – Collinsville, Texas, activities. I consent that my child’s/ward’s image may appear on videos, promotional resources, church endorsed web sites, etc.

I understand that First Baptist Church - Collinsville, Texas, including its events and activities, is a place where students seek and/or receive counsel and advice from adult leaders, staff and counselors and others. I hereby consent to my child/ward receiving spiritual and emotional counsel and advice during **FBC Collinsville** activities, special events, mission trips/projects and any other designated activity. I agree that, if in the sole discretion of **FBC Collinsville**, whether due to a rule violation or other misconduct or behavior, **FBC Collinsville** deems it necessary to refuse transportation to my child/ward and/or to send them home, it is my responsibility to make proper and safe arrangements for my child/ward to return to his/her residence.

I have read this document, or have had it read to me, in its entirety before signing it, and I understand its terms and meaning. I understand that once I sign this document, it will affect my legal rights and the rights of my child/ward. If the rules at these events, camps, mission trip/project and activities are broken to an extreme, I understand that it is my responsibility to have to drive and pick my child up the events, mission trips/projects and activities.

Parent/ Guardian Signature: _____ Date: _____

Relationship to Child (Parent or Guardian): _____

Child’s/Ward’s Name: _____

Student Release and Waiver of Claims Form

First Baptist Church - Collinsville, Texas

Please fully COMPLETE this form. It is two, front and back (or adjoining page) this is 2 of 2

All Students under age 18 attending events and activities must have a parent or guardian complete and sign this release form. This form must be turned in to First Baptist Church - Collinsville, Texas, prior to involvement in any events and activities with First Baptist Church - Collinsville, Texas.

Student Information:

Student's Name: _____ Date of Birth: _____

Address: _____ State: _____ Zip: _____

Student's E-Mail: _____

Student's Cell Phone: (_____) _____ Home Phone: (_____) _____

EMERGENCY CONTACT INFORMATION:

In an emergency notify: _____ Relationship: _____

Home Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

1. Does Student have any known allergies? Yes/No (Circle one). If Yes, what? _____

2. Is student unable to take any medication(s)? Yes/No (Circle one) If Yes, What? _____

3. Does student take any medication(s) regularly? Yes/No (Circle one) If so what? _____

For what reason? _____

4. Please list any other medical condition(s) that would be helpful to know:

5. Date of last tetanus immunization: _____

6. The above named student has current medical insurance coverage through:

Insurance Company: _____

Name on Policy: _____

Insurance Company Phone Number: (_____) _____ - _____ Policy number: _____

Mailing Address for Medical Claims (See back of Insurance Card): _____

City: _____ State: _____ Zip: _____

7. Does your insurance company require notification prior to emergency health care at a hospital? Yes/No

If yes, Phone Number: (_____) _____ - _____