



2019 FIRST BAPTIST CHURCH OF ST. CLOUD
Ministry and Activity Release

STUDENT PARTICIPANT INFORMATION

Name: (Goes by):
Address: CITY: Zip Code:
Phone #: Age: Grade:
Birth date: Height: Weight:
Allergies and pertinent medical information:

IF PARTICIPANT IS UNDER 18-YEARS OF AGE:

PARENT/GUARDIAN NAME: RELATIONSHIP:

PARENT/GUARDIAN NAME: RELATIONSHIP:

WAIVER AND RELEASE FORM

- 1. We/I, the undersigned, OR parent(s) or legal guardian(s) of the Child identified in this Form if participant is under 18, grant permission for the Participant to participate in the Ministries, programs, and activities of FIRST BAPTIST CHURCH OF ST. CLOUD (the "Church") on or off property owned or controlled by the Church.
2. THE FIRST BAPTIST CHURCH is a CHRISTIAN MINISTRY that includes the teaching of God's Word, Prayer, Christian Music, Bible lessons, Bible verse memorization, indoctrination in the Christian faith and beliefs, and many other activities. Our Youth and the adults who lead our youth are offered the opportunity to participate in multiple events on and off the Church campus, some of which involve strenuous physical activities.
3. RELEASE OF LIABILITY. Every activity sponsored by this Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, and in consideration of my participation, or the participation of my minor child or ward's participation in any Church activity, event, or a related event INCLUDING BUT NOT LIMITED TO THE PICK-UP AND DELIVERY TO AND FROM THE CHILD'S HOME (collectively, the "Event"), the adult participant, or the parent or guardian agrees to assume and accept all risks and hazards inherent in such participation in all Church related Events or social activities. On my own behalf and/or my child or ward's behalf, and on behalf of mine, my minor child or my ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my minor child or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorney's fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any claims based on the negligence, improper supervision, and action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my minor child or ward either before, during or after participation. I declare that I and (if participating) my minor child or ward are physically fit and have the skill level required to participate in the Event and/or any such activities.
4. MEDICAL RELEASE. I further authorize medical treatment for my minor child and/or my ward, or me, at my cost, if the need arises. Participant/Guardian warrants he or she has health insurance with the company detailed below. If the participant/guardian has no health insurance, then he or she will provide and grant permission to use their Social Security number at the medical facility. Should a medical emergency arise while at one of these events, I hereby give my permission to the leader to arrange transportation to a medical facility and to select a physician to administer anesthesia, surgery, or any other medical care, if the parent or guardian is not available at the time. (If a change in insurance companies or other parent information occurs, I will submit a revised release form.)

**MEDICAL COVERAGE**

Insurance Company: \_\_\_\_\_

Company Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Member #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

If no Insurance Coverage, include parent's Social Security number \_\_\_\_\_.

Please make a **FRONT** and **BACK** copy of your medical insurance card, dental card, prescription card and attach to this form.

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

THE EMERGENCY CONTACT PERSON SHOULD BE SOMEONE OTHER THAN THE PARENT (S)  
- TO BE USED ONLY IF PARENTS CANNOT BE LOCATED.

The Participant, over 18, or the parents or guardians of a minor, understand that they are signing for themselves or the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective until terminated in writing and delivered to an adult sponsor of the Church. This Waiver and Permission Form shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Waiver and Permission Form shall be commenced exclusively in the Circuit Court of the Judicial Circuit in and for Osceola County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in such county and having subject matter jurisdiction), and I specifically waive the right to trial by jury. The undersigned certifies that they are 18 years of age or older, that they are the legal guardians or parents of the minors listed herein and have the authority to execute this release and medical authorization, and that the information set forth

THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING. SIGN BEFORE A NOTARY.

herein pertaining to my minor child or ward is true and complete. For the purposes hereof, the "**Released Parties**" are the corporate non-profit entity known as First Baptist Church St. Cloud, their officers, directors, employees, agents, representatives, successors, assigns and volunteers, including but not limited to, and without limitation, the Church Elders, Deacons, Pastors, Staff, Employees, and Members.

\_\_\_\_\_  
Signature of Parent/Guardians

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardians

DATE: \_\_\_\_\_

**NOTARY: COUNTY OF OSCEOLA  
STATE OF FLORIDA, TO-WIT:**

The above-named Parent/Guardian(s) have appeared before me, the undersigned Notary Public, in and for the State of Florida, in Osceola County, on the date set forth above, after providing proper identification of their identity, did acknowledge before me that they have read the document consisting of two (2) pages to which they have placed their signatures above and that they did so knowing that said document contains releases of liability and medical authorizations for them and their minor children this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC COMMISSION: