

CONSENT AUTHORIZATION

FIRST BAPTIST CHURCH, INTERLACHEN, FL

(This form will not, under any circumstances, be accepted unless **completely** filled out by the legal parent/guardian, signed, and notarized)

EVENT: Youth Ministry Activities
DATE: 2015 Calendar Year
TIME: Will be specified on event permission slip
LOCATION: Will be specified on event permission slip
ACTIVITIES: Various mission trips, concerts, Christmas parties, mini-golfing, bowling, etc.

Participant's Name: _____ Male Female

Participant's Info: DOB: _____ Ht: _____ Wt: _____ Eyes: _____ Hair: _____

Home Address: _____
Street City State Zip

Nearest Relative: _____
Street City State Zip

Home phone #: (____) _____ Work phone #: (____) _____

Cell phone #: (____) _____ Participant's SS (required) #: _____

Emergency phone #: (____) _____

Medications currently being used with dosage (participants under age 18):

Participants over age of 18 must carry list of medications with dosage.)

Known Allergies: _____

Brief Medical History (Check all that apply and explain each in the space provided below):

Asthma Heart Dizziness Stomach Kidneys Eyes Ears Skin

Other: _____

Explain: _____

Please list all other known restrictions (i.e.: phobias, cannot swim, overheats easily, etc.)

Doctor's name: _____ Phone: (____) _____

If participant's doctor is unavailable, may another doctor treat your child in case of an emergency?
(Please print yes or no)? _____

Insurance Information:

Insurance Company _____ Policy Number _____

Insured's Name _____ Social Security Number _____ Date of Birth _____

I **DO NOT** wish my child to participate in the following activities: _____

Please check all that apply:

- I will pick my child up My child will ride home with (must be an adult): _____
- I am an over 18 participant and will provide my own transportation

I have read and understand page 1 of 2 (Initial here _____)

Participant Agreement

(Please print your name in the space provided, read the agreement, and sign and date below.)

I, _____, have been informed of the rules and regulations regarding outings with the First Baptist Church, Interlachen, FL. By my signature below, I acknowledge that I have read and agree to abide by any and all rules and regulations which include, but are not limited to, no illegal substances, no public displays of affection (youth), no obscene language or gestures, and no leaving the specified activity with unauthorized personnel. I agree to follow instructions, respect and obey sponsors and activity leaders, and listen for changes in schedules and rules specific to the activity. I also agree to represent the Church and Christ in an appropriate manner. I understand that a violation of this agreement will have severe and long lasting effects on my ability to continue participating in the event described above and any future events as a part of the First Baptist Interlachen, FL. I do also hereby give First Baptist Church of Interlachen the absolute, unconditional, and irrevocable right and permission to use, print, exhibit, publish project, and/or display my name and to use, edit, reproduce, exhibit, project, display, copyright, and publish photographic images and/or videos of me, in which I am included in whole or in part.

Signed: _____

Date: _____

Parental/Adult Participant Agreement

(Please read the agreement, print your name in the space provided, and sign in the space provided.)

By my signature below I acknowledge that I have read and do understand this form and the Dress Code and Rules of Conduct; certify that I am the parent/legal guardian of the above named child (if applicable) and do hereby give permission to the authorized representative(s) of First Baptist Church, Interlachen, FL to authorize medical treatment for myself, my/our child if injured while participating in a church event. I consent to any medical treatment deemed necessary by a physician or dentist licensed under the provisions of the Medical Practice Act. I (we) the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/adult participant pursuant to this authorization. I release the representatives of FBCI from any and all liability relating to me/my/our child being transported to, participating in, and being transported from this event. I do also hereby give First Baptist Church of Interlachen the absolute, unconditional, and irrevocable right and permission to use, print, exhibit, publish, project, and/or display my child's name and to use, edit, reproduce, exhibit, project, display, copyright, and publish photographic images and/or videos of my child, in which he/she is included in whole or in part.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold First Baptist Church, Interlachen, FL and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to myself or my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

Parent/Guardian/Adult Participant Name (Printed)

Signature of Parent/Guardian/Adult Participant

Parent/Guardian/Adult Participant Name (Printed)

Signature of Parent/Guardian/Adult Participant

Notary Information

In the county of _____, in the State of _____,

The foregoing instrument was sworn to and subscribed to before me, _____, this

_____ day of _____, 20_____.

This person is: Personally known, or Produced ID

ID Type? _____

<p>_____ Notary Public signature, State of Florida</p> <p style="text-align: right;">Seal/Stamp</p>
