#### **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: 2019 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.

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Participant's Name:					□Male	Female
Participant's Info: DOB:	Ht:	Wt:	Eyes:		Hair	:
Home Address:						
	Street	City		State		Zip
Nearest Relative:	Street	O:h		C+-+-		7:
Home phone #: ()		City <b>Work</b>	phone #:	State (	)	Zip
Cell phone #: ()		Work phone #: ()Participant's SS (required) #:				
Emergency phone #: ()			o (required)	#		
Emergency phone #. (		_				
Medications currently being used	with dosage (participa	nts under age 18):				
Participants over age of 18 must carry list	of medications with dosage	e.)				
Known Allergies:						
Brief Medical History (Check all th	eat apply and avalain o	ach in the chace pro	ovidad balaw	١.		
					□	
	iness Stomach	□ Klaneys □	Eyes ∐	Ears	Skin	1 🔲
Other:						
Explain:						
Please list all other known restrict	ions (i.e.: phobias, car	nnot swim, overheats	s easily, etc.)			
Doctor's name:		P	hone: (	``		
Doctor 3 Harrie			11011e. (	/		
If participant's doctor is unavailab (Please print yes or no)?		treat your child in c	ase of an em	ergenc	<b>y</b> ?	
Insurance Information:						
Insurance Company			Po	licy Numb	per	
Insured's Name	Social Securi	tv Number			Date of Bir	 th
		•				
I DO NOT wish my child to partici	pate in the following at	วแงเน <del>เ</del> ธอ				
Please check all that apply:	<b>7</b>		1.10			
<ul><li>☐ I will pick my child up</li><li>☐ I am an over 18 participant ar</li></ul>	My child will ride ho nd will provide my own	ome with (must be a transportation	n adult):			
	p. 0	•	l and understa	nd page	1 of 2 (Initia	al here

# **CONSENT AUTHORIZATION, PAGE 2**

## FIRST BAPTIST CHURCH, INTERLACHEN, FL

## **Participant Agreement**

(Please print your name in the space provided, read the agree	ment, and sign and o	date below.)				
I,	re below, I acknowle not limited to, no ille g the specified acti- ity leaders, and liste Christ in an approp- on my ability to con t Interlachen, FL. I right and permissio	egal substances, no public displays of affection vity with unauthorized personnel. I agree to en for changes in schedules and rules specific riate manner. I understand that a violation of tinue participating in the event described do also hereby give First Baptist Church of n to use, print, exhibit, publish project, and/or				
Signed:		Date:				
Parental/Adult Participant Agreement (Please read the agreement, print your name in the space prov	vided, and sign in the	e 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/Gu	nature of Parent/Guardian/Adult Participant				
Parent/Guardian/Adult Participant Name(Printed)	uardian/Adult Participant					
Notary Information						
In the county of, in the State of _	,					
The foregoing instrument was sworn to and subscr	Notary Public signature, State of Florida					
me,, this						
, day of, 20_						
This person is: Personally known, or Prod	duced ID					
ID Type?		Seal/Stamp				