

WAIVER AND RELEASE / ASSUMPTION OF LIABILITY FORM

**FIRST BAPTIST CHURCH PARENTAL WAIVER AND
RELEASE FOR CHILDREN AND/OR YOUTH ACTIVITIES
& AUTHORIZATION FOR MEDICAL TREATMENT**

Authorization to Participate. This form is to allow my child, _____,
(printed name of child/youth)
to participate in the _____ sponsored by First Baptist Church on
(activity)
_____ 20_____.
(date)

Certification of Capability to Participate and understanding of Risk / Assumption of Risks. My signature on this form is my certification that my child is physically capable of engaging in the First Baptist Church's activities and I hereby give my consent for my child to engage in these activities. Further, I acknowledge that I have had the risks of my child participating in these events sufficiently explained to me and I understand the risks posed to my child. Or I have declined such explanation because I already understand the risks involved in participating in these activities. In exchange for allowing my child to participate in this church's activities, I hereby assume all risks of injury or damages of whatever type or form associated with my child's participation.

Consent to Treatment. My signature on this form also constitutes my consent for the activities sponsor to consent to medical providers diagnosing and providing medical treatment to my child at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in any church activities. A photocopy of this medical authorization shall serve as the original. I waive any claims or causes of action, including attorney fees, I might have against First Baptist Church for allowing my child to participate and also against anyone who provides medical treatment to my child in reliance upon this agreement. I agree to indemnify and hold First Baptist Church harmless in the event they provide treatment or are subsequently sued for injuries to my child during these activities.

DATED THIS _____ DAY OF _____, 20_____.

Signature of Parent or Guardian

Printed/Typed Name of Parent

In the event of an emergency, I can be reached at _____
or contact _____ at _____

Witnessed by _____