

RELEASE AND HOLD HARMLESS AGREEMENT

FOR

FIRST BAPTIST CHURCH
PO Box 631 Vidalia, GA 30475

DATE: _____

Student Name: _____ Sex _____ Age _____

SS # : _____

Address: _____

City: _____ State: _____ Zip Code _____ Home Phone: _____

Mother's Name: _____

Father's Name: _____

Insurance Provider: _____ Policy and/or Group # : _____

Medical Conditions: _____

Allergies: _____

By my signature, I, _____, the parent/guardian of _____, grant permission for him/her to participate fully in any activity or trip sponsored by First Baptist Church of Vidalia, GA. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for said minor by a licensed physician or emergency medical personnel.
2. I knowingly release, absolve, indemnify, hold harmless First Baptist Church of Vidalia, GA, any homes where activities might occur and any adult leaders from all claims that might result from any injury or death of minor. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs.
4. I understand this covers all activities, which may include but are not limited to swimming, transportation, snow skiing, physical games, skating. Exceptions to this would be for those activities requiring a different release. (i.e. Centrifuge, Organized Mission Trips)
5. I understand that I can rescind this release any time with a written request to First Baptist Church of Vidalia, GA. It is also my responsibility to let First Baptist Church of Vidalia, GA know of any changes in the information I have provided.
6. Photographs/Video are sometimes taken during the activities the students will be participating in for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Student's names or info are never used without specific permission. By signing this area, you are releasing First Baptist to use of photographs of the student as stated above.

Parent / Guardian Signature _____ Date _____

(A Notary must witness your signature.)

NOTARY AGREEMENT

State of Georgia County of _____

Before me, the undersigned authority, on this day, personally appeared _____ known to me to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, _____.

Day

Month

Year

Notary Signature: _____

My Commission Expires: _____