

**2017 SARDIS MISSIONARY BAPTIST CHURCH:  
CONFIDENTIAL Annual Permission/Waiver Form for Minors**

<b>Full Name of Minor (under age 18)</b>	<b>(Print)</b>
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**I. Functions, Activities, Transportation**

It is my understanding that my child's participation in the programs, recreation, and other activities of **Sardis Missionary Baptist Church** is a privilege. I give permission for the child, named above, to participate in the activities of **Sardis Missionary Baptist Church**, including any special events/activities. I acknowledge that there are certain risks associated with activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to designated bus, van, car or vehicular transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

**II. Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities. I also expressly assume all risks of my child participating in the activities, whether such risks are known or unknown to me at this time. I further release **Sardis Missionary Baptist Church** and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **Sardis Missionary Baptist Church** or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless **Sardis Missionary Baptist Church** and its ministers, leaders, employees, volunteers, or agents from any and all claims.

**III. First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where my child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Sardis Missionary Baptist Church** to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. I also agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**IV. Publicity**

On occasion, **Sardis Missionary Baptist Church** takes photographs or makes audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in **Sardis Missionary Baptist Church** publications, website, or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media (under advisor supervision), or for such photographs and other audio or visual records to be used by the news media.

**Parent Name (Print):** \_\_\_\_\_

**Parent Name (Signature):** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



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<b>Name of Minor (under age 18)*:</b>	
<b>Street Address*</b>	
<b>State*</b>	
<b>Zip*</b>	
<b>Home Phone*</b>	
<b>Student Cell Phone</b>	
<b>Student Email</b>	
<b>Grade*</b>	
<b>School*</b>	
<b>Parent /Guardian Name*</b>	
<b>Parent/Guardian Cell Phone *</b>	
<b>Parent /Guardian Email*</b>	

**Health Insurance Information**

**My child does not have insurance**

<b>Medical Insurance Company</b>	
<b>Policy Number</b>	
<b>Group Number</b>	
<b>Name of Insured</b>	
<b>List allergies (optional to list)</b>	
<b>List any medical, health, or special conditions – Asthma, Heart Condition, ADHD, etc. (optional to list)</b>	

**Emergency Contact**

Name of person and telephone number to call in case of emergency:

<b>Name</b>	
<b>Relation</b>	
<b>Phone</b>	