

PARTICIPANT REGISTRATION & RELEASE FORM 2018 - 2019

PARTICIPANT Information:

Name: (First) (Last) Nickname:

Grade: Birth Date:

Address: (Street) (City, State, Zip)

PARENT/GUARDIAN Information:

Name(s): Cell Phone #(s):

Email Address: Home Phone #:

>IF you are designating another adult to pick up/drop off your child; Name & Phone #

PERMISSION SLIP/LIABILITY RELEASE

I, the Parent/Legal Guardian of grant permission for the above named child to participate in all activities related to conducted by First Baptist Church of Rancho Cordova ("FBC"), and directed by its leaders, teachers, volunteers and designees ("Staff"). I agree to indemnify and hold harmless FBC/Staff from any and all liability that may arise or is in any way connected with or related to my child's participation in these activities.

Signature / Date:

TRANSPORTATION RELEASE

Although most activities will be hosted at FBC, there may be a few events held offsite with the details of these events posted on FBC's website. If Staff is able to accommodate or organize transportation for my child to/from these events, I give express authorization for my child to utilize that transportation and I agree to hold harmless FBC/Staff from all related liability. If it becomes necessary for my child to return home during an activity, for medical purposes or otherwise, I agree to provide such transportation or assume all related costs.

Signature / Date:

PARTICIPANT REGISTRATION & RELEASE FORM

PHOTO RELEASE

I grant permission for images of my child, captured during any church related activity, through video, photo or digital camera, to be used as a display/record of church family events and/or for the purpose of promoting participation in these activities. In the event these images appear in FBC literature and/or on FBC's website, I waive rights of ownership, compensation, or to inspect or approve the finished product incorporating these images, and I hereby release and discharge FBC/Staff from any and all claims arising out of use of these images.

Signature / Date: _____

AUTHORIZATION FOR TREATMENT

As the Parent/Legal Guardian of above named child, I hereby grant authorization to FBC/Staff or designees, to act in an emergency that may arise during any program activities or field trips, as best fits the situation in the event either myself or an emergency contact cannot be reached. I further authorize the hospital/medical facility and its medical staff to administer treatment as they deem necessary for the well-being of the above named child.

I understand that FBC/Staff will make attempts to notify me in all medical emergencies, and I will be contacted, if possible for my permission if hospitalization or treatment of serious nature is required. I also understand I am responsible for paying all costs incurred resulting from any medical emergency.

Signature / Date: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact 1: _____ Cell Phone #(s): _____

Emergency Contact 2: _____ Cell Phone #(s): _____

Physician: _____ Phone #: _____

Hospital/Medical Coverage Provider: _____

Any Medical/Food Allergies or Other Medical Condition? _____

DURATION OF WAIVER

This Waiver (Permission Slip/Liability Release, Transportation Release, Photo Release, and Authorization for Treatment) will be in full effect throughout the 2018-2019 Awana Season, unless rescinded in writing at the address provided below, and it expressly covers all related activities and events entirely.

Signature / Date: _____