



**First Baptist Church of Martin, Inc.  
Parent/Guardian Permission and Release Form**

I, the undersigned parents/guardians of \_\_\_\_\_, give permission for my child to participate in **all activities and events sponsored by First Baptist Church of Martin, Inc.** (hereinafter "Church") from \_\_\_\_\_ (please fill in today's date) to **August 31, 2026** (date). This permission applies to activities held **on or off Church property**, including events that require travel.

I understand that transportation may be provided in a Church-owned vehicle, a vehicle rented by the Church, or a private vehicle driven by Church leaders, members, officers, employees, agents, and/or other adults. I release any/all claims and hold harmless the Church, its staff, volunteers, and representatives from liability for injuries, accidents, or illnesses that may occur during my child's participation, except in cases of gross negligence or willful misconduct.

I further understand that:

- I am responsible for all medical expenses incurred for my child's care.
- My family's health insurance is primary in the event of any medical treatment.
- In the event of an emergency, if I cannot be reached, I authorize a Church representative to secure medical treatment (including hospitalization, surgery, anesthesia, or medication) for my child as deemed necessary by medical professionals.

I also agree to indemnify, release, and hold harmless the Church, its staff, members, officers, employees, agents, volunteers, and representatives from any/all claims or demands made by third parties arising out of my child's participation in Church-sponsored activities.

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**Parent/Guardian Information**

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Emergency Contact (other than parent/guardian):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Please use the space on the back to list any physical limitations, allergies, or medical conditions we should be aware of:

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