



**2018 Medical and Liability Release Statement
(18 years of age and younger)
First Baptist Church
203 South 4th Street
Murray, KY 42071
270-753-1854**

Name of Participant: _____

Please have your parent/guardian to read, initial, complete and sign the following form and return to the church office.

_____ I hereby give permission for _____ to be photographed and photograph submitted to newspapers and/or church publications and/or websites.

_____ I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons whose signature is affixed on this form. In the event they cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the group leader to secure medical treatment for the participant as deemed necessary.

_____ I understand that my personal insurance will be used as the only coverage in the event medical intervention is needed.

_____ I understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the participant indicated on this form.

_____ I understand that should the participant have to return home before, after or separate from the group for medical or other reasons, I assume any costs incurred.

Signature: _____
(parent and/or guardian)

Date: _____

Home address: _____

Emergency phone number: _____

Secondary phone number: _____

Insurance Information

Name of insurance company: _____

Name of Cardholder: _____

Policy Number : _____ Group Number _____

Personal Information

Allergies: _____

Medications: _____

Any physical condition(s) we should be aware of? (Asthma, diabetic, etc.)

Date of last Tetanus shot: _____