



Trip Permission Form

FIRST BAPTIST CHURCH
301 E. BROADWAY ST.
ANDREWS, TX 79714
432-523-9390
FBCANDREWS.ORG

Permission Form and Release of Claims for Future Accidents Involving a Minor

I, hereby give my permission for my child/teenager, _____,
Name of child/teenager, please print

to participate in Youth Camp on June 14-18, 2019.
Event/Activity Date

1. I certify that I understand and am aware of the inherent dangers associated with participating in the aforementioned event/activity, am legally competent, and am aware that participating in said event/activity will take place off church premises.
2. I give my permission for First Baptist Church, staff and/or adult sponsor in charge to obtain necessary medical attention in case of sickness, injury and/or accident to my child/teenager and that any expenses that may be incurred are my responsibility.
3. I give my permission for my child/teenager to ride in any vehicle designated by First Baptist Church, staff and/or adult sponsor in whose care my child/teenager has been entrusted.
4. I give permission for video & photographs to be taken of my child/teenager during the aforementioned event/activity. I understand that video & pictures may be shown during worship services and/or posted on the church's website.
5. I understand and agree that if it is necessary for my child/teenager to return home before the scheduled return, I shall assume all costs associated with such a return trip.
6. I understand and agree that First Baptist Church will not be held liable for the loss of money and/or any other personal items that may be lost or missing while participating on the aforementioned event/activity.
7. I understand and agree that any damages or losses caused by my child/teenager while participating in the aforementioned event, individually or with a group shall become my responsibility.
8. I understand and agree that neither the First Baptist Church of Andrews, Texas, nor its officers, trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with the aforementioned event/activity which may result in injury, harm, or other damages to me or my family, **AND RELEASE ALL STATED PARTIES FROM ANY & ALL CLAIMS PRESENT OR FUTURE.**
9. I further state and acknowledge that I understand and agree that the terms herein are contractual and not a mere recital; and that I have signed this document on my own free act and coalition.

Parent's or Guardian's Name: _____
Please Print

Signature: _____
Parent's or Guardian's Signature

Date: ____/____/____

