



Permission & Release

**Covering all Activities, Retreats, Mission Outings, and Camps from January 2019 through December 2019
of No Posers Student Ministries of Michael Memorial Baptist Church
15053 John Clark Road, Gulfport, Mississippi 39503 ~ 228-832-1709**

Name: _____ Birthdate: ____ - ____ - ____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian: _____

In Emergency Notify: _____ At This Number: _____

Doctor's Name: _____ Phone Number: _____

Any health history, allergies, or activity restrictions we need to be aware of? _____

Health Insurance Provider: _____

Policy Number: _____ Phone Number: _____

“In the event that I cannot be reached in an emergency during the Youth activity, I hereby give my permission to the physician selected by the Church Leader to hospitalize, to secure proper treatment, and/or an injection, anesthesia, or surgery for my son/daughter as deemed necessary.”

Every activity sponsored by Michael Memorial Baptist Church is carefully planned and adequately supervised by mature adults. However, even the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church related social activities. They also agree not to

hold this church, it's employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Parent/Guardian Signature: _____

Notary Information

The following is to be completed by the notary witnessing parent/guardian's signature.

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this _____ day of _____, A.D. _____

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.