



2016 RISK ACKNOWLEDGEMENT AND MEDICAL RELEASE FORM

Please read this agreement before signing. If the participant is a minor (under the age of 18), all documents must be signed by either a parent or legal guardian. It is expressly understood and agreed that Terre Haute First Baptist Church shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of Terre Haute First Baptist Church, or in connection with any activities or programs of the church, unless such loss or injury results directly from the negligent or willful act of an employee or volunteer of Terre Haute First Baptist Church acting within the scope of his or her employment/determined role.

_____ I certify that photographs and videotape pictures of my youth participating in church activities may be used in promotional materials for the Terre Haute First Baptist Church, including online arenas such as Facebook, Twitter, Instagram, Snapchat, and/or the church website. This form may be photocopied for use out of the church building.

Complete & Sign section below by parent/guardian for minor (under 18) for emergency contact:

Participant Name (Please print): _____ Male Female

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

Parent/Guardian Names: _____

Parent/Guardian Cell #'s: _____

Please sign me up to receive First Baptist Church Youth updates via text message.

I, _____ hereby give permission for any and all medical attention to be administered to my child/dependent, _____, in the event of accident, injury, sickness, etc. until such time as I may be contacted. I assume responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Insurance Company: _____ Policy Number: _____

Primary Care Physician: _____ Phone Number: _____

Known Allergies:

Other Info:

Signature (parent/guardian): _____ Date: _____