

Page 1 of 2

Physician _____ Office phone _____

[Westwood Baptist Church Office, (386) 362-1120]
[Ryan Lancaster, Minister of Students, 864-384-2232]
[Ben Bush, Senior Pastor, (386) 209-7294]

For your information, we expect each student to conform to these rules of conduct

No possession or use of alcohol, drugs, or tobacco
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
No PDA
Participation with the group is expected
Respect property
Respect one another, staff, and adult leaders
Respect and comply with event schedules

Parents may be called to pick up student, should they fail to comply with these expectations.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student's signature: _____ Date: _____

Activities may include, but are not limited to: camp, cookouts, boating, water skiing, horseback riding, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing/snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit student's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend youth events
(Name of Student) sponsored by Westwood Baptist Church (hereinafter "WBC")

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named student.

I the undersigned have legal custody of the student named above, a minor, and have given consent for him/her to attend events being organized by WBC. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release WBC, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by WBC, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above.

Notary Acknowledgement

STATE of Florida, COUNTY of _____, on this _____ day of _____ 20____,

Before me personally appeared _____, who is personally known to me or who has

Produced driver's license # _____ as identification and who did (did not) take an oath.

Parent/Guardian

Notary Public