

**First Baptist Church
PO Box 170; 300 E. Davis
Tipton, OK 73570
(580) 667-5501**

**RELEASE OF CLAIMS, HOLD HARMLESS AND AUTHORIZATION FOR
EMERGENCY MEDICAL OR DENTAL CARE TO MINOR
Calendar Year 2018-19**

This Release and Consent is entered into on this _____ day of _____, 2018,
by _____ (Parent), the parent or legal guardian of
_____ (hereinafter referred to as Minor).

1. Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of this Release and Consent; and (c) has signed this document by his/her own free will.
2. Parent acknowledges that Minor will, with Parents permission, participate in certain activities (Ministry activities) conducted by or sponsored by First Baptist Church, its directors, officers, employees, and agents (collectively referred to as FBC) during the duration of this agreement.
3. Parent, individually and on behalf of Minor, releases and agrees to hold FBC harmless from all liability for harm to Minor or Minors personal property, resulting directly or indirectly from Minors participation in FBC activities. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor's participation in FBC activities and agrees to indemnify FBC against any liability which might be assessed against it as a direct or indirect result of Minors participation in FBC activities.
4. In the event of Minor(s) injury during any FBC activity and Parents unavailability to authorize medical treatment, Parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic, anesthesia, by any medical professional chosen by FBC. Parent understands and agrees that this consent is given to encourage FBC and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Parent personally assumes the duty of payment of any medical professional, hospital, clinic, or ambulance service and releases FBC from any such duty of payment. This medical authorization is provided pursuant to Title 10, Section 170.1 of the Oklahoma Statutes.
5. Parent understands and agrees that this Release and Consent shall remain in effect for a period of one (1) year or until Parents written revocation, whichever is first, and that Parents consent to treatment shall remain in effect until revoked orally or in writing to FBC or to the licensed medical professional treating Minor.

Parent Date

**This form must be notarized.*

Dated _____, 2018

County of _____ State of _____

My commission expires _____ My Commission Number _____

Notary Public

First Baptist Church Permission & Release from Liability Form

This form **must** be completely filled out and **signed** by a parent or guardian before a child can be driven by First Baptist Church (hereinafter referred to as FBC) in any vehicle provided by FBC and before the child may participate in the Activity or Activities listed.

Parent or Guardian

Name: _____

Address: _____ Apt. _____

City: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Please list all the legal names of children in your care who have your permission to use transportation provided by FBC or to participate in the Activity or Activities listed.

CHILDS NAME

CHILDS RELATIONSHIP TO YOU

First Name	Last Name	Son	Daughter	*Other	Age	Date of Birth
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

***Please Specify**

Names of the Activities and Events which are the subject of this form:

Activities such as Christian concerts, bowling, ice skating, laser tag, lock-ins, weekly church services, banquets, caroling, and other like activities for the calendar year 2018.

Events such as Falls Creek, Disciple Now, Mission trips, Revivals, Children's Camp, Evangelistic Crusades, Evangelism Conferences, and other like events for the calendar year 2018.

Do any of the above-named children have allergic reactions to any medications?

Yes_____ No_____

If yes, please list their name(s) and the medication(s) to which they are allergic:

I, _____ the parent or guardian named above, hereby give my permission for the child(ren) listed above to use transportation provided by FBC and to participate in the Activities or Events listed above. I understand that my child(ren) will be under adult supervision at all times. I further understand that in signing this form, I agree to release, hold harmless, and indemnify FBC, its Trustees, Deacons, Officers, employees and any volunteers from any liability which may arise as a direct or indirect result of my child(ren)'s transportation or participation in the Activity/Activities. I also authorize FBC, its Trustees, Deacons, Officers, employees and volunteers, or designated medical professionals, to administer medical assistance to my child(ren) if needed and if I cannot be reached.

Parent

Date

2018