

Embrace Student Ministry

2021 Permission/Waiver Form

Name of Student or Student Leader (please print) _____

Parent(s) and/or legal guardian(s) of Student participant _____

Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

Age of Student _____ Birth Date _____ Academic Grade _____

School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of First Baptist Church Hickory and Embrace Student Ministry is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the student named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student or me participating in the activities, whether such risks are known or unknown to me at this time. I further release First Baptist Church Hickory and its ministers, leaders, employees, volunteers, and agents from any claim that my student may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the student's or my family or estate, heirs, representatives, or assigns may have against First Baptist Church Hickory or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless First Baptist Church Hickory and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my student during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or

other health condition or injury. I do hereby give permission for agents of First Baptist Church Hickory to seek and secure any needed medical attention or treatment for the student named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Special Events and Field Trips

I understand that the student named above or I will be participating in **Embrace Student Ministry Events/Trips** during the calendar year of **January 1, 2021 to December 31, 2021**. I understand that during this period my student/ward or I, if I am a student leader, may take part in various activities consistent with the purposes of the church.

Publicity

On occasion, First Baptist Church Hickory takes photographs or makes an audio or videotape recording of students and/or student leaders involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in First Baptist Church Hickory publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the student named above or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. I also understand and consent that the above released content may be used on the church website and church publications of First Baptist Church. Furthermore, I give permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

COVID-19

The safety and well-being of our students and leaders is a top priority for Embrace Student Ministry. We will work to observe local and state guidelines as they pertain to social distancing, gathering, and preventative measures. Participants and their legal representatives agree to hold FBC harmless in the event that an event participant contracts COVID-19.

Health Insurance Information

Insurance Company _____ Policy Number _____

Insurance Company Phone Number _____

Medical Doctor _____ Phone number _____

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name _____ Relation _____

Home Phone _____ Work Phone _____

Cell Phone _____

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Date of last Tetanus Vaccine ____/____/____

Other Information

Other information leaders should know about the student or student leader:

Please sign and date all the following statements that apply:

Student's Agreement *(Signature of Student Participants)*

I agree to participate in the functions and activities of First Baptist Church Hickory, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature _____ Date _____

Parent/Guardian Release for Minor *(Signature of Parent/Guardian for Participants under 18)*

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the student named above to participate in the activities of First Baptist Church Hickory, including any special events/activities described above. In consideration for allowing the participation of the student in the activities of First Baptist Church Hickory, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the student, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____

Student Leaders and Employees *(Signature of Student Leader and/or Employee Participants)*

As an student leader volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in functions, activities, special events, and field trips.

Signature _____ Date _____

Parent/Guardian Release for Minor *(Signature of Parent/Guardian for Participants under 18)*

I, _____, give a representative of First Baptist Church Hickory, and Embrace Student Ministry permission to pick up my teenager for the various activities throughout the year. (Wednesday Night Life Groups and other special events throughout the year)

Signature _____ Date _____