

First Baptist Church

205 W. 8th Street
Plainview, TX 79072

Consent, Waiver and Release Agreement

State of Texas:

County of Hale:

Know all men by these present; that

The undersigned, (parent or guardian)

whose address is _____

for and in consideration of being allowed to participate in the programs and activities of First Baptist Church, Inc., Plainview, Texas being sometimes herein referred to as the Church including, but not limited to, programs of the Activities Ministry of the Church, and excursions or field trips sponsored by the Church or any of its related suits and/or actions which may hereafter be instituted by the undersigned for damages resulting from illness or injuries of whatsoever nature sustained by the undersigned or participant while participating in the activities of the Church or any related undertaking, this Agreement shall be urged and taken advantage of by the Church as a bar to any such recovery by the undersigned on account of any illness or injury sustained.

For the same consideration above recited, the undersigned does hereby release and discharge First Baptist Church, Inc., its representatives, agents, servants and/or employees of account of any injuries or illness sustained to or by the undersigned, by whatever cause or reason; and the undersigned does hereby agree to hold harmless and indemnify the said First Baptist Church, Inc., its agents, servants, representatives, and/or employees against any loss, damages or costs of whatsoever nature which it or its agents, servants, representatives or employees may suffer as a result of any action, claim or demand by the undersigned or by any other person on behalf of or for the benefit of the undersigned.

This Agreement shall inure to the benefit of and be binding upon the respective heirs, successors and assigns of the parties hereto.

The church does not carry any insurance to cover the illness or injury of any person, and by the execution hereof, the undersigned acknowledges such fact.

Executed this _____ day of _____, 20_____

Participant/(if under 18) Parent or Guardian

Data

Name of Individual _____
Address _____
Phone: _____ Date of Birth _____
Name of Medical Insurance Company _____
Policy # _____ Medicare? _____ Policy # _____
Doctor Preference _____
Address _____
Telephone # _____
Hospital Preference _____
List Allergies: _____
List Medications: _____

In the event of emergency, contact: _____ Phone # _____

Parents information if under 18 years of age:

Name of Parents _____
Address of parents _____
Home Telephone _____
Cell Phone _____
Father's Employer _____
Address _____
Phone # _____
Mother's Employer _____
Address _____
Phone # _____

In the event of accident or illness concerning the above named, First Baptist Church, Inc., will use its best effort to contact the person named immediately. In the event that person is not immediately available, the Church is authorized to secure such medical attention and care for the child as under the circumstances to the Church may seem proper, and if reasonably possible, the above named preferences shall be adhered to. The parents or guardian of minors shall assume full responsibility for all medical bills, doctor bills, and hospital bills, it being understood and agreed that pursuant to the Consent, Waiver, and Release Agreement on the reverse side hereof, First Baptist Church, Inc., its agents, servants, and employees shall not be responsible or liable for any injuries, sickness or other medical problems of the above named child. **The church does not carry any insurance to cover the illness or injury of any child, it being the parent's responsibility to furnish such insurance as the parent may desire.**

PERMISSION FOR TREATMENT

My permission is granted for the sponsors of First Baptist Plainview to obtain necessary medical attention in case of sickness or injury to the above.

I, the undersigned, do hereby verify that the above information is correct.

Dated this _____ day of _____, 20_____.
State of _____ County of _____
Signature _____

On this the _____ day of _____, 20_____, personally appeared before me, _____, known to me to be the person whose name is subscribed to the foregoing instrument, and in my presence executed the within and forgoing permission and release form. Witness my hand and official seal this _____ day of _____, 20_____.

My commission expires _____.
