

# Hebron Baptist Church Children's Ministry Participant Permission/Medical Release

**THIS FORM IS FOR ALL 2019-2020 CHILDREN'S MINISTRY ACTIVITIES, EVENTS, RETREATS  
AND TRIPS**

Name of Participant \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ School Grade \_\_\_\_\_

Name of Parent(s)/Guardian \_\_\_\_\_ Parent Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Permission

- I do hereby verify the information given on this form is correct.
- I do hereby give permission for my above-named child to participate in and to be transported to and from **ALL** activities, events, retreats or trips sponsored by the Children's Ministry of Hebron Baptist Church, Dacula, GA during the church year of 2019/2020. **This includes but is not limited to the VBC, Children's Summer Camp, 5<sup>th</sup> Grade Adventure Trip, Mission Summer Day Trips, Bowling (Feb) and Back to School Swim Party (Aug) any other on or off campus activities.**
- I understand that this permission/release will apply to all planned activities, events, retreats or trips sponsored by the Children's Ministry of Hebron Baptist Church during the 2019/2020 year. **Int. \_\_\_\_\_**
- **I understand that each of these activities, events, retreats or trips involve certain risk both known and unknown. These risks include but are not limited to, damage to property, serious bodily injury, or death.**
- I understand that in the case of an emergency, Hebron Baptist Church employees, agents and/or sponsors will make every effort to contact me and/or the contact person named below, however; should the named contact person, or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for Hebron Baptist Church employees, agents and/or sponsors to obtain emergency medical attention in case of sickness or injury, to my child.
- Should the named person or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by Hebron Baptist Church employees, agents and/or sponsors for the welfare of my child.
- If my child makes a decision to be baptized, I give HBC permission: \_\_\_\_\_ Yes \_\_\_\_\_ No
- I authorize Hebron Children's Ministry to provide the following over the counter medications (either name brand or generic) to my child, while at any of the above-mentioned activities, as necessary. **Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Benadryl \_\_\_\_\_ Other \_\_\_\_\_**

## Hold Harmless

In consideration for Hebron allowing my child to go on said activities, events, retreats or trips and other valuable consideration the receipt of which is acknowledged:

- **I hereby release, absolve, indemnify, hold harmless, and forever discharge Hebron Baptist Church, its employees, agents, organizers, sponsors, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child while participating in any activity, event, retreat or trip.**
- **I assume all risks and hazards, whether known or unknown, incidental to the conduct of the activities, events, retreats or trips and transportation to and from these activities, events, retreats or trips. In case of injury to my child, I hereby waive all claims against Hebron Baptist Church, its employees, agents, organizers, sponsors, or any supervisors appointed by them. I likewise release from responsibility any**

**person transporting my child to and from said activities, events, retreats or trips.**

- I agree that any dispute, claim, questions, or disagreement arising out of or relating to said activities, events, retreats or trips, which cannot be otherwise resolved shall be submitted to mediation and if necessary legally binding arbitration as adopted by the Administrative Pastor and legal counsel. As a result, I expressly waive any and all rights at law and equity to bring any civil matter before a court of law; except that judgment upon the award rendered by the arbitrator may be entered in any court have jurisdiction thereof.
- I agree to provide medical insurance for my child.
- I agree that in the event my child causes damages, I will take full financial responsibility for the damages and should an early return home be warranted, due to disciplinary concerns, I will provide transportation home for my child.
- I agree that images of my child, captured during any Children’s Ministry event through audio/video/camera can be used by the church for the purposes of training and/or promotional material and publications, and I waive any rights to compensation/ownership.

**Medical Insurance Information**

Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list all medical conditions or medications that we need to be aware of \_\_\_\_\_

Immunization: Tetanus: Date Received \_\_\_\_\_

**Emergency Notification**

If I am unavailable in the case of emergency please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**I am the parent or legal guardian of the child/participant whose name appears above. I have read and understand this Permission, Waiver, Release and Indemnification Agreement, and consent on behalf of myself and the Participant to its terms.**

\_\_\_\_\_  
Parent or Legal Guardian                      Date

\_\_\_\_\_  
Printed Name                                      Relationship to child

\_\_\_\_\_  
Parent or Legal Guardian                      Date

\_\_\_\_\_  
Printed Name                                      Relationship to child

Sworn to and subscribed before me by,  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public  
my Commission Expires: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

*If you choose to later revoke this permission/release it must be done in writing.*

Revised 08/02/18/Medical Release