

**Annual Liability Release Form**

Release of All Claims

In consideration of being accepted by **First Baptist Church of Lake Jackson, Texas** for participation in all church activities, events or trips to be held during the next year, we (I), being 18 years of age or older, for ourselves and on behalf of the child-participant do hereby release, forever discharge and agree to hold harmless First Baptist Church of Lake Jackson, its staff, employees, leaders, directors, volunteers and any other agents (hereinafter called "agents") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child is participating in any church activity, event or trip, irregardless of the location(s) of such activity, event or trip.

**Assumption of Risk**

Furthermore, we (I) assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all aspects of the above referenced activity/event for ourselves and on behalf of the child-participant. Such risks may include exposure to other participants who are ill or have special medical conditions.

**Permission to Participate**

Further, we (I) are the parent(s) or legal guardian(s) of this participant, and grant our (my) permission for him/her to participate fully in all church activities, events, or trips. First Baptist Church of Lake Jackson or its agents is authorized to furnish any necessary transportation, food and lodging for this participant, except when otherwise stated for the particular activity, event or trip.

**Indemnification**

The undersigned agrees to hold harmless and indemnify First Baptist Church of Lake Jackson and its agents for any liability and related expenses sustained by said Church as the result of the negligent, willful or intentional acts of said participant.

**Medical Treatment Authorization**

Permission is granted to take said participant to a doctor or hospital if needed. We (I) authorize medical treatment, including but not limited to emergency surgery, and assume the responsibility of all medical bills, if any.

**Unplanned Transportation Costs**

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all transportation costs and as appropriate, to fully indemnify and/or reimburse First Baptist Church of Lake Jackson or its agents.

**Photo/Audio/Web Release**

Further, we (I) consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child-participant during their participation in any activity, event or trip to be used, distributed, or shown as said Church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers.

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Guardian

This document was acknowledged before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for State of Texas

Please Place A Copy Of  
Your  
Insurance Card Here  
(side 1)

Please Place A Copy Of  
Your  
Insurance Card Here  
(side 2)

## Health Information Form

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security Number \_\_\_\_\_

### **Emergency Contact Person**

Parent/Guardian Name \_\_\_\_\_

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

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

### **Alternate Contact Person:** (Use someone near the primary contact)

Parent/Guardian Name \_\_\_\_\_

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

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance?  Yes  No

Name of Insurance Company \_\_\_\_\_ In whose name is the insurance? \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone Number \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

### **Health History:**

Pre-existing or present medical conditions \_\_\_\_\_

Name and dosage of any medications that must be taken \_\_\_\_\_

Any allergies? \_\_\_\_\_ to medications? \_\_\_\_\_

Hay Fever  Heart Condition  Diabetes  Asthma  Frequent Stomach Upsets  Insect Stings  
 Epilepsy/Nervous Disorders  Physical Handicap  Any major illnesses during the past year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions)

Date of last tetanus shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Any swimming restrictions?  Yes  No What? \_\_\_\_\_

Any activity restrictions?  Yes  No What? \_\_\_\_\_

Blood Type \_\_\_\_\_