

Medical and Liability Release Form

In consideration for being accepted by First Baptist Church Rock Hill for participation in **High School Youth Mission Trip to Louisville, KY from June 21st through June 29th**, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless FIRST BAPTIST CHURCH and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any of the above described activities.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Transportation will be provided by Church Mini Bus or Approved Transportation.

If participant has not attained the age of 21 years:

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in the **High School Youth Mission Trip to Louisville, KY from June 21st through June 29th**, hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery of medical treatment, and assume the responsibility of the medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Type or print name of participant Date of Birth

Parent(s) telephone

Hospital Insurance? Yes No
Please attach copy of card if possible

Insurance Company

Policy Number

Special Medical Need(s) _____

Physician

Physician's Phone

Emergency Phone Number(s) _____

Are you a First Baptist Church member? ___ Y ___ N

If no, please state your church affiliation: _____

*Please do not sign
until in the presence of a Notary Public*

Parent or legal guardian (if child is under age 21) Date

Notary Public Use Only:

Name (please print)

Signature

My commission expires _____

Signed before me on the ____ day of _____
in the year _____.

(notary seal)