



Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Phone # of Nearest Relative \_\_\_\_\_

Family Home Church: \_\_\_\_\_

My child may **ONLY** leave to go home with the following people:

\_\_\_\_\_

**\*The below information releases FBC of medical liability and also gives permission for child to participate in on/off campus activities for the year 2017-2018.**

Medical Consent:

Allergies (Food, drugs, stings, bites, other): \_\_\_\_\_

The above named participant and the legal custodian thereof, hereby consent to the participation in the before-referenced activity conducted under the sponsorship of First Baptist Church, Madisonville, TN, an incorporated organization; its agent, servant, and member. In making such consent, participant and custodian acknowledge that they understand that there are risks to both persons and property associated with engaging in such activity, and they hereby consent to assume such risk.

In consideration of granting First Baptist Church, its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate First Baptist Church, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participants. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against First Baptist Church, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and the participation therein by participant.

Participant and custodian hereby authorize and consent to any x-ray examination, anesthesia, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver, and release provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by First Baptist Church at its office of 139 College Street, Madisonville,, TN 37354.

**Parent/ Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_