

**Combined Permission; Release, Waiver of Liability, and Indemnity Agreement;
and Emergency Medical/Contact Information for
Student Activities**

Student name: _____
(Last) (First) (M.I.)

Birthdate: _____

Address: _____
Street, City, State Zip

Home Phone: _____ **Student's Cell Number:** _____

Email address: _____

Parent(s)/Custodial Adult(s)' Name(s): _____

Parent(s)/Custodial Adult(s) Phone numbers:

Work phone(s): _____

Cell phone(s): _____

In case of emergency contact:

1) Name: _____ **Home phone:** _____

Relationship: _____ **Cell phone:** _____

2) Name: _____ **Home phone:** _____

Relationship: _____ **Cell phone:** _____

Name and phone number of primary treating physician:

Allergies (including medications Student can NOT take) / Special Health Concerns:

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of above listed Student, I/we give permission for Friendship Baptist Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Adult

Parent/Custodial Adult

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

*****a copy of the insurance card will be attached to this form.**

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for the above listed Student to participate in the activities of Friendship Baptist Church, both on the church premises and elsewhere. In consideration of the opportunity of my Student to participate in the activities of Friendship Baptist Church, I/we release Friendship Baptist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our Student arising from Student's participation in the activities of Friendship Church; and I/we agree to indemnify and hold forever harmless the Friendship Baptist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our Student arising from activities on or off the premises of Friendship Church or resulting from traveling to or from the activities of Friendship Church, including loss or injury resulting from negligence or gross negligence. I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our Student's medical and insurance information as changes occur.

Parent/Custodial Adult

Parent/Custodial Adult

Permission to Travel in Vehicle with One Adult Present

I/we give permission for Student to travel in a vehicle operated and occupied by only one adult.

Please circle your response: I **do** give permission.

I **do NOT** give permission.

Parent/Custodial Adult

Parent/Custodial Adult

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Friendship Baptist Church. I/we (do) or (do not) give permission for a recognizable image of my child to be posted on Friendship's website (including Facebook, Instagram, Twitter) or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

Please circle your response: I **do** give permission.

I **do NOT** give permission.

Parent/Custodial Adult

Parent/Custodial Adult