

Church Activity Participant Form – 2020-2021

Name of Participant	Date of Birth	Allergies, Medical Conditions, Medications, or Special Needs	Grade for 2020-2021
Name of parent/guardian (for children age 18 and young	er):		
Address: City/State/Zip:			
Parent/Adult Participant Cell Phone: Email:			
Emergency Contact (include cell phone & relationship to participant):			
Is a church representative authorized to approve medical treatment? Yes No (provide additional information, if needed)			
Is participant(s) covered by personal/family medical insurance? ☐ Yes ☐ No			
If yes, name of insurer:			
Policy or group number:			
Permission, Acknowledgements, Release, Indemnity			
I understand that as a Participant, I or my child may be photographed or videotaped during normal activities of First Baptist Church, Cleburne, TX ("FBCC"), and these photos/videos may be made public on any platform or publication as deemed appropriate by FBCC.			
In consideration for the opportunity to participate in activities of FBCC, the Participant (or parent/guardian) acknowledges and accepts the risks of injury associated with participation in and transportation to and from any and all activities of FBCC. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during these activities or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant (or parent/guardian) that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant (or parent/guardian), or otherwise.			
I acknowledge that participation in the activities/events ("activities") of FBCC involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge FBCC, church volunteers and staff ("Released Parties") from any all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's participation in the activities of FBCC. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action past, present, or future, arising out of or caused by myself or by my child while participating in activities or while on property leased or owned by any of the Released Parties.			
Authorization and permission is given to FBCC and its Activity Sponsors to furnish any necessary transportation, food, and lodging for the Participant (or parent/guardian). If the Participant is a minor, the parents/guardians give permission for the Participant to participate fully in any and all activities of FBCC. Should it be necessary for the Participant to return home due to medical reasons, disciplinary action, or otherwise, the parent/guardian assumes all transportation costs.			
I represent and acknowledge that I have completely read herein, that I sign voluntarily as my free act and deed, tha signing this document, I understand that I am relinquishin understand that this Waiver and Release shall be construe any portion of this document is held invalid, the remaining lawsuits is deemed unlawful, I agree to submit any Claims	t I have had ample oppo g legal rights and remed ed as broadly and inclus g shall continue in full for	ortunity to obtain the advice of counsel a dies that may have otherwise been availa sively as is permitted by applicable law a rce and effect. To the extent the restricti	and that, by able to me. I and agree that if on on filing
Signature:		Date:	
(Adult participant or parent/guardian's signature if part	ticipant is a minor)		