

Student Permission & Medical Release Form 2025

Participant Name	Age		
Current Grade Level : Address:	City:		
State ZIPStudent Cell Phone #			
In case of an emergency notify:	Relationship to Student :		
Phone Numbers-Home:() Work()	Mobile:() Other:()		
T-Shirt Size			
Medical Profile Generally, the participant's Health is: (Check One) □Excellent	□Good □Fair □Poor		
If Fair or Poor, please explain the condition:			
List any medical difficulties which are currently being treated:			
Are there any health concerns that we should be aware of?			
List any any medicines, insects or substances to which you are allerg	ic:		
List any previous operations or serious illnesses			
List any medications you are currently taking:			
List any special diet or special needs:			
Date of Tetanus Immunization://			
Family Physician	Phone:()		
Insurance Co Policy #	t:		
Subscriber Name: Subscriber Number: Employment:			
Subscriber Occupation: Work Pl	none: ()		

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the event director, church official, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge First Baptist Church of Winnsboro, Texas, and their employees ("Released Parties") from any and 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 any First Baptist Church events. 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 First Baptist Church events or while on property leased or owned by any of the Released Parties.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect.

Complete and sign below (participants who are minors per your state statute require Parent/Legal Guardian signature).

Student Ministry First Baptist Church, Winnsboro, Texas Consent and Release from Liability

FOR PARENTS:

I, (parent/guardian)	here	by acknowledge that it is my desire that my child,
		Texas, including activities on and/or away from the
church premises as well as transportation to		
-	=	rom such activities, with knowledge of the dangers
		as a result of such participation and transportation.
		such activities, including the transportation to and
· · · · · · · · · · · · · · · · · · ·	•	poro, Texas, its employees and chaperones from all
		ither of us have or may hereafter have for any injury
		aused, by such church, employees or chaperones, ponsored activities on and/or away from the church
	·	I have carefully read this agreement and fully
		ility and an assumption of risks and I am signing it of
		emain effective until revoked in writing and delivered
to any ministerial staff of FBC, Winnsboro, Te	-	_
(Parent Signature)	(Date	e)
FOR STUDENTS:		
		ate with the leaders of any youth activity in which I
		uncooperative and it causes me to be a burden on the
	•	expense. I acknowledge that I am an example for
Christ and the image of His church, and I will	do all I can to reflec	it that positively to bring Him glory.
(Student's Signature)	(Da	te)
,		,
State of Texas		
County of		
,		
Before me,	, on this day pers	onally appeared
	, known	to me (or proved to me on the oath of
		e name is subscribed to the foregoing instrument and
acknowledged to me that he executed the same		
G		·
Given under my hand and seal of office this	day of	, 20
(Personalized Seal)		
(Notary Public's Signature