

# 2017 Student Ministry Permission/Waiver and Liability Release Form

## Student Ministry

First Baptist Church  
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## Youth Leaders

Jerome Clement  
Liz Clement  
Adam Werner  
Melinda Werner

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_

INSURANCE POLICY # \_\_\_\_\_

ALLERGIES \_\_\_\_\_

HEALTH PROBLEMS \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

As Parent/Guardian, I give my permission for My Child to participate in all FBCOG sponsored activities, events and trips. I understand that First Baptist Church Oak Grove does not provide insurance coverage for losses, sickness or injuries that could occur to my child or me while participating in church related activities, events and trips. Furthermore, I [and on behalf of my child] hereby assume all risk of personal injury, sickness, damage and expenses as a result of participation in all church related activities, events and trips.

I am aware of the potential risks to my property and myself or to my child and his/her property as I or he/she participates in church related activities, events and trips. With such knowledge, I waive any right to file a claim or suit against First Baptist Church Oak Grove and their representatives in relation to any church sponsored activities, events and trips, and I authorize First Baptist Church Oak Grove to seek needed medical treatment for participant(s) and assume responsibility for all medical expenses while voluntarily releasing First Baptist Church Oak Grove and their representatives from any and all liability related to all church sponsored activities, events and trips. Furthermore, I accept full responsibility to reimburse any expenses occurred in the return of my child from any activity, event or trip in the event that he/she does not comply with the Student Ministry guidelines and rules.

I have read and accept the above terms with my signature below.

\_\_\_\_\_  
*Parent or Legal Guardian Signature* \_\_\_\_\_  
*Date*

In case of emergency I can be reached at the following numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

If I cannot be reached contact \_\_\_\_\_  
*Name* *Phone*

*(For Notary Use)*

Notary Name \_\_\_\_\_

Acknowledged before me this (day) \_\_\_\_\_ of (month) \_\_\_\_\_ 2017

Notary Signature \_\_\_\_\_ State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_