

Franklin Baptist Church Permission Waiver Form

Name: _____

Address: _____

Phone: _____

Email: _____

Parent(s) or Guardian(s): _____

Age of child: _____ Birth date: _____ Grade: _____

Release of Liability:

By signing this Release Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the planned activities. I also expressly assume all risks of the child whether such risks are known or unknown to me at this time. I further release Franklin Baptist Church and its minister, leaders, employees, volunteers, and agents from any claim that my child may have against them as a result of an injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Franklin Baptist Church or its ministers, leaders, employees, volunteers, or agents.

Transportation during Church Functions:

By signing this form, I give permission that the child named can be transported, as the activities require, by the approved staff or volunteers of Franklin Baptist Church. Transportation to and from the church is my own responsibility.

First Aid & Emergency Medical Treatment:

I do hereby give permission for agents of Franklin Baptist Church to seek and secure any needed medical attention or treatment for my child including hospitalization. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

Publicity:

On occasion, Franklin Baptist Church takes photographs or makes audio/visual recording of children involved in church activities. Such photographs and audio/visual recording may be used in Franklin Baptist Church's publications or website. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting or special interest features. I consent to the use of such audio/visual recording of the child named above to be used, distributed, or displayed, as the directors of the church see fit.

Health Insurance Information:

Insurance company: _____

Policy Number: _____ PHOTOCOPY INSURANCE CARD & ATTACH

Emergency Contacts:

Name: _____ Relation: _____

Home and/or cell Phone: _____ Work Phone: _____

Signed: _____ Date: _____

PLEASE FILL OUT ADDITIONAL HEALTH INFORMATION ON BACK . . .

Please notify us of any allergies your child may have:

Does your child have any other medical issues or special needs that the program leaders should be aware of? If so, please indicate: