

# First Baptist Community Church of Brookings, OR

## Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and Emergency Medical/Contact Information for Children and Youth Activities

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (M.I.)

1<sup>st</sup> Guardian Name: \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

2<sup>nd</sup> Guardian Name: \_\_\_\_\_ Guardian Phone: \_\_\_\_\_  
(If different than above)

Student Cell: \_\_\_\_\_ Student Home: \_\_\_\_\_

1<sup>st</sup> Guardian Work#: \_\_\_\_\_ 2<sup>nd</sup> Guardian Work#: \_\_\_\_\_

Email Addresses: (Youth) \_\_\_\_\_ (Guardian) \_\_\_\_\_

Student Physical Address: \_\_\_\_\_  
(Street, City, State, Zip)

Mailing Address: \_\_\_\_\_

### Emergency Contact (Other than Guardian):

1) Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name and phone number of primary treating physician:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Authorization to Obtain Urgent or Emergency Medical Care:

As the parent/guardian of \_\_\_\_\_ (youth), I/we give permission for First Baptist Community 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/Guardian

\_\_\_\_\_  
Parent/Guardian

Medical Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Medical Insurance Phone Number: \_\_\_\_\_



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

I/we give permission for \_\_\_\_\_ (youth) to participate in the activities of First Baptist Community Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of First Baptist Community Church, I/we release First Baptist Community 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 child/youth arising from my/our child/youth's participation in the activities of First Baptist Community Church; and I/we agree to indemnify and hold harmless the First Baptist Community Church; its officers, agents, employees, staff, and volunteers from and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of First Baptist Community Church or resulting from traveling to or from the activities of First Baptist Community 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 child/youth's medical and insurance information as changes occur.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

**Permission to Travel** in Vehicle with First Baptist Community Church, its employees, staff, and volunteers: I/we give permission for my/our child/youth to travel in a vehicle during activities of First Baptist Community Church. I will be given advance notice if my child is traveling outside of the Brookings-Harbor city limits. Otherwise, my/our child/youth may participate in an activity that requires traveling with the First Baptist Community Church as part of the activity.

(Circle One): Yes No \_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

**Photo Permission:**

I/We understand that my child may be photographed while participating in the activities of First Baptist Community Church. I/we (circle one) DO / DO NOT give permission for a recognizable image of my child to be posted on the First Baptist Community Church bulletin boards and slide show. I understand that a non-recognizable image, such as a group photo, may be posted.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

I have read and understand that participation in the Youth Group at First Baptist Community Church requires the completion of this form. I have read and understand the above statements and have completed them to the best of my ability. I am aware that if I would like to change my responses or revoke my authorization, or ask questions at any time, I can do so by contacting the church office at 541-469-2014.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date