## **General Parental Consent, Release and Indemnification Form**

# For Fellowship Baptist Church Activities

For the period from June 01, 2022, to August 31, 2023

Name of Child	Age_	Birthday
Address		
		Business Phone(s)
Emergency Contact Name(s)		
Home Phone	Business I	Phone
ALLERGIES, MEDICAL PROBLEMS AND	MEDICATIONS pertaining to	o your child – please list below:
SPECIAL LEARNING NEEDS pertaining to	o your child – please list beld	w:
Note: It is the responsibility of the parent(s changes in the above information during the		m Fellowship Baptist Church if there are any
permitting my child to be included in the acting on it's behalf, will be released from result of this activity and that I give permitted in the permitted of th	club programs of Fellows his program, I agree that om any liability for injuries ermission to the leaders of	uardian of, ship Baptist Church. I understand that by Fellowship Baptist Church, and everyone to my child that may be occasioned as a this group at Fellowship Baptist Church d when I am not immediately available for
The undersigned shall be liable and ag with such medical and dental services		-
	Media Release	
Ι,	, the parent/guard	dian of, grant
Fellowship Baptist Church to use phot	tographs and/or videos of_	dian of, grant for any legal
use, including, but not limit	ed to publicity, illustration,	advertising and web content.

#### Release

The undersigned, on behalf of themselves and the said Child, and in consideration of the voluntary nature of the event the Child is able to attend and participate in, do hereby release and forever discharge the Church and its Deacons, Pastors, Officers, Employees, Volunteers, Members and Adherents against all losses, claims, suits and demands, or any liabilities whatsoever, arising from injury or death to the Child or other persons involved in the above mentioned activity for the said period of time or any damage to a property associated therewith.

### Indemnification

The undersigned agrees to indemnify and hold harmless the Church, Deacons, Pastors, Officers, Employees, Volunteers, Members and Adherents from any and all losses, claims, suits, and demands, or any liability whatsoever, arising from death or injury to any person or persons, during the said period of time that may be made by or initiated by any person, persons, corporations, partnership, joint ventures, associations or other legal entity arising out of any loss or damage to property associated therewith resulting from any act or omission associated in any manner whatsoever involving the above mentioned Child, including any related legal costs on a solicitor and client basis, together with the amount of any settlement which the Church may deem to be reasonable in the circumstances as determined in its sole discretion.

Printed Name:			
	(Parent or guardian)		
Signature		Date	
	(Parent or guardian)		
and			
Printed Name:			
	(Parent or guardian)		
Signature		Date	
	(Parent or guardian)		

## Note:

- ➤ It is the responsibility of the parent(s) or legal guardian(s) to inform Fellowship Baptist Church f there are any changes to the above information during the said time.
- ➤ In the event that a Field Trip and/or Special Event in planned, the <u>Waiver & Medical Release Form</u> for Field Trips & Special Events must be completed in addition to this Consent Form.
- ➤ In the event that an Overnight Event in planned, the <u>Waiver & Medical Release Form for Overnight</u>

  <u>Events</u> must be completed in addition to this Consent Form.