

Participant, Parent, or Guardian Waiver & Indemnity Agreement

Participant's Name: _____

Phone: _____

Address: _____

Street

City

State

Zip Code

Date of Birth: _____

Age: _____

Grade: _____

School: . _____

Shirt Size: _____

TO WHOM IT MAY CONCERN

The undersigned hereby gives permission for our (my) child to attend and participate in **ANY/ALL YOUTH MINISTRY ACTIVITIES, TRIPS, EVENTS, etc...** sponsored by the Youth Ministry of First Baptist Church of Powell that take place **DURING THE CALENDAR YEAR OF 2018**. We (I) certify our (my) child is able to participate in any/all activities related to the above named activities, trips, events, etc. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on Medical Staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Baptist Church of Powell.

In consideration of your accepting me or my child for participation in the above named activity, trip, event, etc..., I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity, or sport sponsored by the above mentioned organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above named organization harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above named organization for damages arising out of the above named activity, trip, event, etc..., I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Required Information

NAME OF INSURANCE COMPANY: _____

I.D. and/or Group Number (Please include a copy of insurance card): _____

Does participant have any allergies or special medical problems or is he/she currently taking any medications? Yes No

If "yes," please provide information: _____

Name of Emergency Contact	Relationship to Participant	Phone Number(s)

Participant (if 18+ years old): _____ Date: _____

Parent/ Guardian (if participant is a minor): _____ Date: _____

Information Below Is For Notary Completion Only

STATE OF TENNESSEE
COUNTY OF KNOX

Personally appeared before me, _____, with whom I am personally acquainted and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this _____ day of _____, 2018.

My Commission Expires: _____

Notary Public: _____