

First Baptist Church of Royal Palm Beach (Connect Church)

**10701 Okeechobee Blvd
West Palm Beach, FL 33411**

RELEASE OF CLAIMS AND LIABILITY FOR A MINOR – 2018

I, _____
(Name of Parent or Guardian, please print)

of the city of _____, State of Florida

hereby affirm that my child, _____
(Child's Name, please print)

will be participating in First Baptist Church of Royal Palm Beach, Inc. (Connect Church) student functions hereinafter referred to as "Student Activities."

I certify that I am cognizant of the inherent dangers associated with participating in "Student Activities" and with the fact that participating in "Student Activities" may take place outside of, or off Church premises, including all transportation provided to and from such events.

I understand and agree that neither the First Baptist Church of Royal Palm Beach, Inc. nor their officers, trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child's participating in "Student Activities" which may result in injury, harm, or other damages to me or my family. This includes any injury, harm, or other damages to me and my family related to all forms of transportation provided to and from such "Student Activities."

As a part of the consideration for being allowed to enroll and participate in "Student Activities", I hereby personally assume all risks in connection with my participation in "Student Activities", including all transportation provided to and from such events. I further release the First Baptist Church of Royal Palm Beach, Inc., their officers, trustees, representatives, instructors, and agents for any injury or damage which may befall my child while my child is enrolled or participating in "Student Activities", including all transportation provided to and from such events. I further agree to save and hold harmless the First Baptist Church of Royal Palm Beach, Inc., their officers, trustees, representatives, instructors, and agents from any claim by me, or my family, or estate. I authorize Tate Soles, Samuel Fowler, Rachael Fowler, Jim Sims or anyone else participating in "Student Activities" with my child to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur while participating in "Student Activities."

I further state that I am of lawful age and legally competent to sign this affirmation and release: that I understand the terms herein are contractual and not a mere recital: and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

Signature: _____
(Parent or Guardian)

Date: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:	Name:	_____
	Relationship:	_____
	Phone Number :	_____
	Cell Phone Number:	_____

HEALTH-PERMISSION FORM - 2018

First Baptist Church of Royal Palm Beach, Inc.
10701 Okeechobee Blvd
West Palm Beach, FL 33411

PRINT PLEASE

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

DATE OF BIRTH: _____

NAME OF YOUR PHYSICIAN: _____

PHYSICIAN'S PHONE NUMBER: _____

NAME OF INSURANCE COMPANY: _____

POLICY NUMBER: _____

FATHER: _____

FATHER'S HOME ADDRESS: (if different from above) _____

FATHER'S PHONE: (if different from above) _____

MOTHER: _____

MOTHER'S HOME ADDRESS: (if different from above) _____

MOTHER'S PHONE: (if different from above) _____

LIST ANY ALLERGIES, MEDICATIONS (AND DOSAGE) YOUR CHILD IS TAKING OR ANY OTHER MEDICAL INFORMATION THAT THE DOCTOR SHOULD BE AWARE OF:

PERMISSION FORM ON OTHER SIDE MUST BE COMPLETED FOR FORM TO BE VALID

OFFICE ONLY	Date received: _____
	Received by: _____