

**Medical Release Authorization:**

I, \_\_\_\_\_, the parent or legal guardian of the minor child/children, \_\_\_\_\_, hereby authorize the adult sponsors of the field trip/youth activity organized by First Baptist Church Troy to obtain whatever medical or surgical treatment is deemed necessary for the well-being of my child in the event of an emergency due to illness or injury. I understand that every effort will be made to contact me or the emergency contact listed below prior to any medical treatment, but if such contact is not possible, I consent to the necessary medical care being administered to my child/ children.

**Emergency Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Financial Responsibility:**

I agree to accept full responsibility for any and all expenses incurred while obtaining medical treatment for my child/ children during the field trip/youth activity. I understand that FBC Troy and its adult sponsors will make reasonable efforts to ensure the safety and well-being of my child/ children, but I acknowledge that accidents and emergencies can occur.

**Release of Liability:**

In consideration for permitting my child/ children to participate in the field trip/youth activity, I release and discharge FBC Troy, its employees, agents, members, and all sponsors from any and all liability for any injury, illness, or harm that may occur to my child/ children during the event. I further agree to indemnify and hold harmless FBC Troy, its employees, agents, members, and sponsors from any claims in connection with my child's/ children's participation in the field trip/youth activity.

I have read and understand this Medical Release Form and agree to its terms and conditions.

**Parent or Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Photo/Video Permission:**

I, \_\_\_\_\_, as the parent or legal guardian of \_\_\_\_\_, hereby grant permission to First Baptist Church Troy to take photos and/or videos of my child / children during the field trip/youth activity for use in their printed publications, website, and social media. I understand that no names, addresses, phone numbers, or any other contact information about my child/ children will be posted with these photos and videos.

**Publication Authorization:**

I hereby authorize FBC Troy to publish the photographs and/or videos taken of my child/ children for use in their printed publications, website, and social media. I understand that this is voluntary, and neither my child/ children nor I will receive financial compensation for such use. I also acknowledge that participation in these publications and media confers no rights of ownership.

**Release of Liability:**

I release FBC Troy its officers, trustees, employees, and sponsors from any and all expectations of confidentiality for my child/ children and attest that I have the authority to authorize the use of their photographs and/or videos. I release FBC Troy from liability for any claims by me or any third party in connection with my child's/ children's participation in these publications and media.

I have read and understand this Photo/Video Release Form and agree to its terms and conditions.

**Parent or Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Transportation Authorization:**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, hereby grant permission to First Baptist Church Troy to transport my child/ children to and from the field trip/youth activity location using approved means of transportation, including, but not limited to, buses, vans, or other vehicles.

I acknowledge that my child/ children will be under the supervision of responsible adults during transportation, and I trust that FBC Troy will take all necessary precautions to ensure their safety during transit.

**Release of Liability:**

In consideration for permitting my child/ children to be transported to and from the field trip/youth activity, I release and discharge FBC Troy, its employees, agents, members, and all sponsors from any and all liability for any injury, harm, or accidents that may occur during transportation.

I have read and understand this Transportation Release Form and agree to its terms and conditions.

**Parent or Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

By signing this form, I am verifying that all information provided by myself is true and correct and that I agree to the aforementioned information to ensure the safety of my child/ children during the field trip/youth activity organized by FBC Troy.

