

Year \_\_\_\_\_

**FIRST BAPTIST CHURCH CARTHAGE  
RELEASE FORM**

hereinafter referred to as "the Activity"

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Contact Number (Cell): \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact Number (Cell): \_\_\_\_\_

**A copy of your Insurance Card must be attached to this form. You may fax a copy to 903-693-4400.  
You may email a copy to [Caden@firstbaptistcarthage.com](mailto:Caden@firstbaptistcarthage.com) (Students) or [adreaan@firstbaptistcarthage.com](mailto:adreaan@firstbaptistcarthage.com) (Kids).**

**My child is not currently covered by medical insurance. (Check if appropriate.)**

Emergency Contact Name: \_\_\_\_\_

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

My child is currently taking these medications \_\_\_\_\_

Known allergies \_\_\_\_\_

**Note: All medications MUST be in the original prescription bottle with the name of the child and dosage instructions on it. Otherwise, we are not allowed to dispense meds.**

**If your child has an anaphylactic allergic reaction to anything, please send an Epi pen with him/her.**

**PERMISSION FOR TREATMENT AND PHOTO/VIDEO NOTICE**

I certify that I am cognizant of the inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of, or off of, church premises.

I understand and agree that neither the First Baptist Church of Carthage, nor its trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity. I further release the First Baptist Church of Carthage, its trustees, instructors, agents and representatives for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity. I further agree to save and hold harmless the First Baptist Church of Carthage, its trustees, instructors, agents and representatives from any claim by me or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the Activity. I also authorize the First Baptist Church of Carthage to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the Activity. Also, I understand that as a participant, my student may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials only.

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 signed this document of my own free act and volition. 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.

Please complete and sign below (youth under 18 years old requires parent/guardian signature)

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

I have executed this affirmation and release on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal