

General Parental Consent, Release and Indemnification Form

For Fellowship Baptist Church Activities

For the period from September 01, 2017, to August 31, 2018

Name of Child _____ Age _____ Birthday _____

Address _____ Postal Code _____

Home Phone _____ Parent(s) Business Phone(s) _____

Emergency Contact Name(s) _____

Home Phone _____ Business Phone _____

Health Card # _____

Name as it appears on Health Card _____

Family Physician _____ Phone _____

Additional Private Insurance Coverage:

Extended Health Coverage: Yes _____ No _____

If yes to the above, please answer: Name of Company _____

Plan # _____ Certificate # _____ Phone _____

ALLERGIES, MEDICAL PROBLEMS AND MEDICATIONS pertaining to your child – please list below:

SPECIAL LEARNING NEEDS pertaining to your child – please list below:

Note: It is the responsibility of the parent(s) or legal guardian(s) to inform Fellowship Baptist Church if there are any changes in the above information during the said time.

Consent

I, _____, the parent/guardian of _____, consent to his/her participation in the club programs of Fellowship Baptist Church. I understand that by permitting my child to be included in this program, I agree that Fellowship Baptist Church, and everyone acting on it's behalf, will be released from any liability for injuries to my child that may be occasioned as a result of this activity and that I give permission to the leaders of this group at Fellowship Baptist Church, to make decisions in case of an emergency on behalf of my child when I am not immediately available for consultation.

The undersigned shall be liable and agrees to pay for all costs and expenses incurred in connection with such medical and dental services rendered to the said Child pursuant to this Consent.

(Continued on the reverse)

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 if there are any changes to the above information during the said time.
- In the event that a Field Trip and/or Special Event is planned, the Waiver & Medical Release Form for Field Trips & Special Events must be completed in addition to this Consent Form.
- In the event that an Overnight Event is planned, the Waiver & Medical Release Form for Overnight Events must be completed in addition to this Consent Form.