

PERMISSION SLIP and RELEASE OF LIABILITY

Please fill out the permission slip (below) and return it with your student the next time he or she attends **Student Ministry Events January 1, 2017 through December 31, 2017** or related activities sponsored in whole or in part by First Baptist Church of Hesperia.

The slips MUST be filled out COMPLETELY and IN INK! Without a completed permission slip, we will be unable to allow your student to participate in any activities!

STUDENT NAME: _____ DATE: _____
(Please print neatly)

ADDRESS: _____ CITY: _____ ZIP: _____

WAIVER OF LIABILITY:

I give permission for my above-named student to attend any **Student Ministry Events January 1, 2017 through December 31, 2017** or and other related activities sponsored by First Baptist Church of Hesperia. I recognize that participation in an organization of this nature may involve recreational, athletic, sporting, interaction with other students and adults, or other activities (including, but not limited to: relay races, mountain biking, pogo stick racing, rope activities, paint ball, Scandia amusement centers, roller coasters, amusement park rides, blow-up Bounce House, large blow-up slide, ping pong, consumption of snacks/pizza/hot dogs/hamburgers, dodge ball, volleyball, basketball, swimming pool parties, roller skating, bowling, Silverwood Lake Trips, riding boat, tubing, Victor Valley Mall Trips, Fundraising Activities (preparing meals, serving/cleaning up tables, washing dishes, pulling weeds, washing windows, housework, misc. yardwork, washing cars), attending local concerts (within 40 miles), Christmas Parties, and/or Caroling in the community that may be hazardous or dangerous. I voluntarily elect to participate in the activities and assume the risks of injury or harm that might result from participation. I recognize that such activities may cause injury. Therefore, I am, for my student, myself, my heirs, executor and/or administrator, remising and releasing and forever discharging the First Baptist Church of Hesperia and all of its affiliated entities, officers, agents, servants, volunteers, and employees, acting officially or otherwise, from any and all injury to me (or my minor), damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others in any or related activities sponsored in whole or in part by the First Baptist Church of Hesperia. I also authorize First Baptist Church of Hesperia to transport my child to and from activities that may take place away from First Baptist Church of Hesperia. This release will also cover risks associated with vehicular accidents.

CONSENT TO TREAT:

Being the parent or legal guardian of _____
whose birth date is _____, I _____
do consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be
deemed necessary for my minor child. Further, I understand that all efforts will be made to
contact me prior to treatment. In the event I cannot be reached in an emergency, I give
permission to the activity leader to make the decisions necessary for treatment. Should there be
no activity leader available, I give permission to the attending physician to treat my minor child.
I further understand that the doctors, dentists, and other providers attending to my child will take
all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the healthcare decisions for my
minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or
hospital care or treatment that is given to my child. Any policy of the church or organization
sponsoring this event will be used as the secondary coverage.

PERSONAL HEALTH INSURANCE COMPANY: _____

PHONE# _____ Policy# _____

I agree that photographs, pictures, slides, movies, video, or other media coverage of said student
may be taken in connection with said student's participation in Student Ministry activities,
without compensation from First Baptist Church or the officers, employees, or volunteers and
consent to the use of photographs, pictures, slides, movies, videos, and other media coverage for
any FBCH promotional endeavor and/or legal purposes. _____
Initials

Names of PARENTS or LEGAL GUARDIANS	Phone	Signature
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Name of ALTERNATE PERSON to contact in case of Emergency	Phone
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Please list any medical or physical limitations below. Include allergies to medication and food.

Medical and/or physical limitations: _____

Allergies to medicine and/or food: _____