



First Baptist Church
313 North Poplar St
Paris, TN 38242
(731) 642-5074

Adult Release

Name _____

Consent for Medical Treatment: I acknowledge and understand that there is always a possibility that I may sustain physical illness or injury in association with participation in or transportation to and from Student Ministry events. If this occurs, I hereby request and authorize First Baptist Church and the leaders to seek whatever medical care is necessary and advisable should an emergency arise which would require medical treatment for me, including a medical treatment center (hospital, etc.). I agree to indemnify, defend and hold harmless First Baptist Church and the leaders in the exercise of this authority. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of myself for physical illness or injury that I may sustain in association with participation in or transportation to and from Student Ministry events.

Release of Liability and Indemnity: I hereby agree to accept and assume full responsibility for all risks, including physical illness and injury, associated with participation in or transportation to and from Student Ministry events. I acknowledge and understand that I am assuming the risk of such physical illness or injury by my participation. I hereby agree to indemnify, defend and hold harmless First Baptist Church and each of its employees, officers, representatives and volunteers against any liability, cost, loss, claims, and actions, including negligence, based upon or sustained in connection with participation in or transportation to and from Student Ministry events. I further acknowledge and understand that my I will be responsible for my failure to abide by the rules and regulations of Student Ministry events.

Property Damage, Transportation for Disciplinary Reasons:

I also assume financial responsibility for any damage I may cause, and for providing my own transportation home should it become necessary for disciplinary reasons.

Insurance Changes:

I also understand that it is my responsibility to notify the church of any changes in my insurance information.

Photo Disclaimer:

By signing this form, you give permission to allow your photograph to be taken while participating in any FBC program or event. These photos may be used in slideshows and promotional information purposes including display on the FBC website, Facebook, or other media. Please notify us in writing if you object.

Print Name: _____

SIGN Name: _____

Date _____ 2016
