

First Baptist Church, Carrollton, Texas
2009-2010 Student Activities
Medical and Liability Release Form

Name of Student: _____ DOB: _____

Address: Street _____

City _____ State _____ Zip _____

Names of Parents/Guardians of Student:

Father _____

Address: Street _____

City _____ State _____ Zip _____

Mother _____

Address: Street _____

City _____ State _____ Zip _____

AGREEMENT OF STUDENT AND PARENTS/GUARDIANS

First Baptist Church, Carrollton, Texas ("FBCC") plans various activities for its middle and high school students ("Student Activities"). During the duration of this Agreement (which commences as of the date signed below and ends on August 31, 2010), the Student Activities planned by FBCC include: Refuge, Collide, Totally Tuesdays, Thursday Thingy, Sunday Nights Out, regular student outings and events (including, but not limited to, activities at local malls, theme parks, ice skating rinks, ect.), swimming parties, events at a local lakes (including boating and swimming activities), roller skating, Middle School Choir Tour, High School Choir Tour, Disciple Now, High School retreats, Middle School retreats, High School ski trip, High School camp, Middle School camp, lock-ins, Elevate'10 Weekend, PigSkin Classic, Freedom Experience and all night parties. Student Activities also include other activities planned by FBCC involving the students of FBCC and their friends and guests as announced from time-to-time by FBCC. Some or all of these activities may include transportation to and from the site of the activity.

In consideration of FBCC permitting the above-named Student to participate in the Student Activities, the undersigned agree to the acknowledgments, authorizations, releases, and agreements set forth in this Agreement. In entering into this Agreement, the undersigned acknowledge that some of the Student Activities may involve hazardous activities that have many inherent risks that could result in injuries or death. The above-named Student has voluntarily chosen to participate in those Student Activities despite these associated risks, and the undersigned have voluntarily agreed to allow the Student to participate in the Student Activities despite such risks.

The undersigned, for themselves, their assigns, representatives, heirs, executors, and administrators, hereby:

(1) authorize and grant to FBCC the authority, in the event that FBCC is unable to reach the undersigned or any of them, to seek medical care for the Student, including, but not limited to, such medical and surgical treatment or procedures as the treating physician chosen by appropriate FBCC personnel may, in such physician's sole determination, deem necessary or advisable. The undersigned further authorize and grant to FBCC and the appropriate personnel authority to transport the Student at their discretion to such medical facilities as they may deem necessary or advisable. The undersigned certify that the Student's medical information set forth on the 2009-2010 Student Activities-Medical Information Data on the reverse side of this Agreement is complete and accurate. Each of the undersigned further certifies that he or she has adequate insurance to cover any injury or illness suffered by the Student during the Student Activities and agrees to bear all costs related to such injury or illness, including all medical and surgical costs incurred by FBCC for the Student upon the advice of the treating physician;

(2) RELEASE, WAIVE, DISCHARGE, AND INDEMNIFY FBCC, ITS MINISTERS, OFFICERS, EMPLOYEES, MEMBERS, AND AUTHORIZED VOLUNTEERS (the "Releasees") FROM ANY AND ALL LIABILITY, LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS FOR THE SAME ON ACCOUNT OF INJURY OR DEATH TO THE STUDENT OR DAMAGE TO THE UNDERSIGNEDS' PROPERTY ARISING OUT OF OR RELATED TO THE STUDENT'S ATTENDANCE OR PARTICIPATION IN THE STUDENT ACTIVITIES (including, without limitation, the Student's use of transportation, whether provided directly or indirectly by FBCC or any of the Releasees to or from any Student Activities);

(3) acknowledge and understand that, in the event of the Student's improper conduct or lack of cooperation with the FBCC personnel in charge of the Student Activity, as determined in the FBCC personnel's sole discretion, FBCC may transport the Student home at the expense of the undersigned, which transportation expense the undersigned hereby expressly promise to pay directly to the transporter or by reimbursement to FBCC; and

(4) understand and agree that nothing in this Agreement is intended to constitute a release or otherwise affect the rights of the undersigned against any third party independent from FBCC and the Releasees.

Each of the undersigned is signing this document on his or her own behalf and, in the case of the parent signing below, on behalf of the Student, and each agree to be specifically bound to all terms and conditions of this Agreement. Each of the undersigned has read this agreement, fully understands that he or she is giving up substantial rights by signing it, is aware of its legal consequences, has signed this Agreement freely and voluntarily, and knowingly accepts all the terms and conditions as set forth above. EACH OF THE UNDERSIGNED FURTHER ACKNOWLEDGES AND UNDERSTANDS THAT HIS OR HER SIGNATURE BELOW CONSTITUTES A RELEASE OF LIABILITY OF FBCC AND THE RELEASEES.

Student Signature: _____

Printed Name: _____

Date: _____

Parent Signature: _____

Printed Name: _____

Date: _____

First Baptist Church, Carrollton, Texas
2009-2010 Student Activities – Medical Information Data

Student Name: _____

IN CASE OF EMERGENCY:

Father: _____

Day phone: _____ Night phone: _____

Cell phone: _____

Mother: _____

Day phone: _____ Night phone: _____

Cell phone: _____

Other contact person: _____ Relationship to student: _____

Day phone: _____ Night phone: _____

Cell phone: _____

HOSPITALIZATION INSURANCE:

Medical Insurance Company _____

Name of Insured _____

Policy or Group # _____ Certificate no. _____

Insurance Company Address _____

Insurance Company Phone Number _____

FAMILY PHYSICIAN'S NAME: _____ Phone _____

PHYSICAL LIMITATIONS (asthma, diabetes, epilepsy, etc.) _____

Date of last Tetanus shot _____

ALLERGIES (please be specific):

Drugs or medication _____

Food _____

Insect _____

Other _____

PRESCRIBED MEDICATIONS (please list all that are taken routinely):

Medication _____

Purpose _____

Time/Frequency of Dose _____

Medication _____

Purpose _____

Time/Frequency of Dose _____

Medication _____

Purpose _____

Time/Frequency of Dose _____

Medication _____

Purpose _____

Time/Frequency of Dose _____