

**First Baptist Church  
Plainview, Texas 79072**

**Consent, Waiver and Release Agreement**

State of Texas

County of Hale

Know all men by these present; that

The undersigned, (or parent or guardian) \_\_\_\_\_

Whose address is \_\_\_\_\_

for and in consideration of being allowed to participate in the programs and activities of First Baptist Church, Inc., Plainview, Texas being sometimes herein referred to as the "Church" including, but not limited to, programs of the Activities Ministry of the Church, and excursions or field trips sponsored by the Church or any of its related suits and/or actions which may hereafter be instituted by the undersigned for damages resulting from illness or injuries of whatsoever nature sustained by the undersigned or participant while participating in the activities of the Church or any related undertaking, this Agreement shall be urged and taken advantage of by the Church as a bar to any such recovery by the undersigned on account of any injury of illness or injury sustained.

For the same consideration above recited, the undersigned does hereby release and discharge First Baptist Church, Inc., its representatives, agents, servants and/or employees of account of any injuries or illness sustained to or by the undersigned by whatever cause or reason; and the undersigned does hereby agree to hold harmless and indemnify the said First Baptist Church Inc., its agents, servants, representatives, and/or employees against any loss, damages or costs of whatsoever nature which it or its agents, servants, representatives or employees may suffer as a result of any action, claim or demand by the undersigned or by any other person on behalf of or for the benefit of the undersigned.

This Agreement shall insure to the benefit of and be binding upon the respective heirs, successors and assigns of the parties hereto.

**The Church does not carry any insurance to cover the illness or injury of any person, and by the execution hereto, the undersigned acknowledges such fact.**

(to be signed in front of notary)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Participant Signature/(if under 18 Parent or Guardian)

**Personal Information:**

Name of Individual \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parents' Information if Under 18 Years of Age:**

Name of Parents \_\_\_\_\_

Address of Parents \_\_\_\_\_

Home phone # \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Insurance Information:**

Name of Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Medicare? \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor Preference \_\_\_\_\_

Doctor's address \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

List any Allergies: \_\_\_\_\_

List Medications Individual Takes: \_\_\_\_\_

**In case of emergency, contact:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

In the event of accident or illness concerning the above named, First Baptist Church, Inc., will use its best effort to contact the person named immediately. In the event that person is not immediately available, the Church is authorized to secure such medical attention and care for the child as under the circumstances to the Church may seem proper, and if reasonably possible, the above named preferences shall be adhered to. The parents or guardian of minors shall assume full responsibility for all medical bills, doctor bills, and hospital bills, it being understood and agreed that pursuant to the Consent, Waiver and Release Agreement on the reverse side hereof, First Baptist Church, Inc., its agents, servants, and employees shall not be responsible or liable for any injuries, sickness or other medical problems of the above named child.

**The Church does not carry any insurance to cover the illness or injury of any child, it being the parent's responsibility to furnish such insurance as the parent may desire.**

**PERMISSION FOR TREATMENT**

**(to be signed in front of notary)**

My permission is granted for the sponsors of First Baptist Church, Plainview to obtain necessary medical attention in case of sickness or injury to the above. I, the undersigned, do hereby verify that the above information is correct.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

State of Texas

County of: \_\_\_\_\_

Before me, on this day, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and in my presence executed the within and forgoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

My Commission Expires \_\_\_\_\_