

***First Baptist Church of Gowensville  
Event Release Form***

Authorization to Participate. This form is to allow my child, \_\_\_\_\_ (Printed Name of Child/Youth), to participate in various activities sponsored by First Baptist Church of Gowensville, Landrum, SC.

Certification of Capability to Participate and Understanding of Risks/Assumption of Risks. My signature on this form is my certification that my child is physically capable of engaging in the activity or event described above, and I hereby give my consent for my child to engage in this activity or event. Further, I acknowledge that I have had the risks of my child participating in this activity or event sufficiently explained to me, and I understand the risks posed to my child by engaging in this activity or event (or I have declined such explanation because I already understand the risks involved in the activity or event). In exchange for allowing my child to participate in this church-sponsored activity or event, I hereby assume all risks of injury or damages of whatever type or form associated with my child's participation in this activity or event.

Consent to Treatment. My signature on this form also constitutes my consent for the trip sponsors to consent to medical providers diagnosing and providing medical treatment to my child at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in this activity or associated with the activity. My child is covered with a health insurance policy with:

Insurance Company: \_\_\_\_\_

Policy Number/Info: \_\_\_\_\_.

I waive any claims or causes of action, including attorney's fees, I might have against First Baptist Church of Gowensville for allowing my child to participate and also against anyone who provides medical treatment to my child in reliance upon this agreement. I agree to indemnify and hold First Baptist Church of Gowensville harmless in the event they provide medical treatment or are subsequently sued for injuries to my child on this trip.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2007:

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed/Typed Name of Parent)

NOTE: Please list any medical conditions on the reverse of this form that might affect your child's involvement in activities on this trip.

Medical Conditions and/or Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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