

Activity Authorization & Medical/Liability Release
First Baptist Church, Conroe

I, _____ (Parent's Name) give permission for
_____ (child's name) to participate on the
_____ (activity) with First Baptist Church, Conroe, on
_____ (date). I understand that my child may travel on the
church buses with adult chaperones.

Allergies: _____

Medical Information (heart trouble? Drug reactions? Etc?) _____

Emergency Contacts:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

I agree to release and hold harmless First Baptist Church, Conroe, it's officers, directors, staff, employees, volunteers, or members, from any liability, claim or demand, of any nature, which may be incurred while participating in the above-referenced activity or during such time period. I hereby authorize any medical treatment, including, but not limited to, emergency surgery or medical treatment, and I hereby agree to assume all responsibility for any medical treatment expenses, if any.

Print name of participant

Print Father name or legal guardian name

Medical Insurance Company

Print Mother name or legal guardian name

Policy Number/ Group Number

Custodial Parent/ Guardian Address

Parent/Guardian Contact Number

I/we have read and understand the above and foregoing rules of conduct for participants and the release of liability/medical release form, and agree that I/the participant must abide by same and the directions of the leadership during the activities this act covers. I/we hereby agree to said release of liability/indemnity agreements contained herein.

Signature of Participant or Parent/Legal Guardian