

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

I, _____ (Parent's Name) give permission for _____ (child's name) to participate on the

Rock the Block (activity) with First Baptist Church, Conroe, on **February 5th & 6th**. I understand that my child may travel on the church buses with adult chaperones and/or in host and counselors private vehicles.

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 guardian name

Print Father name or legal guardian

Medical Insurance Company name

Print Mother name or legal guardian

Policy Number/ Group Number Address

Custodial Parent/ Guardian

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