

**FIRST BAPTIST CHURCH, CARROLLTON, TEXAS**  
**2011-2012 STUDENT/CHILDREN'S**  
**MEDICAL AND LIABILITY RELEASE AGREEMENT**

**Name of Student/Child:** \_\_\_\_\_ **Grade in 2011-2012 School Year:** \_\_\_\_ **DOB:** \_\_\_\_\_

**Address: Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Names of Parents/Legal Guardians of Student/Child:**

**Father/Guardian:** \_\_\_\_\_

**Address: Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

**Address: Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**AGREEMENT OF PARENTS/LEGAL GUARDIANS**

First Baptist Church, Carrollton, Texas ("FBCC") plans various activities as part of its Student Ministry (6<sup>th</sup>-12<sup>th</sup> grade) and Children's and Preschool Ministries (birth through 5<sup>th</sup> grade) (together, herein referred to as the "Activities"). During the term of this Agreement (which commences as of the date signed below and ends on August 31, 2012), the Activities planned by FBCC include, without limitation:

- For Students: LIFT, Sunday Nights Out, regular student outings and events (including, but not limited to, activities at local malls, theme parks, ice skating rinks, etc.), 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 '12 Weekend, PigSkin Classic, Freedom Experience, and all night parties.
- For Children and Preschoolers: Step-Up Weekend, Pre-teen Camp, RA Campout, RA Camp, GA Mini-Camp, GA Camp, Centri-Kid, Kids Camp, Association Bible Drill Trip, State Bible Drill Trip, Bible Fellowship class outings off campus (such as parties, swimming, park play, and similar events), trips to nursing homes and retirement homes, and community service projects.
- The Activities also include other camps and activities planned by FBCC involving the students and children of FBCC and their friends and guests as announced from time-to-time by FBCC. Some or all of the Activities may include transportation to and from the site of the activity.

In consideration of FBCC permitting the above-named Student/Child to participate in the Activities, the undersigned agrees to the acknowledgments, authorizations, releases, and agreements set forth in this Agreement. In entering into this Agreement, the undersigned acknowledges that some of the Activities may involve hazardous activities that have many inherent risks that could result in injury or death. The undersigned has voluntarily agreed to allow the Student/Child to participate in the Activities despite such risks and freely assumes all such risks, including any risks not known to the undersigned or not readily foreseeable at this time and risks arising from the negligent acts or omissions of others. The undersigned, for and on behalf of the undersigned and his or her assigns, representatives, heirs, executors, and administrators, hereby:

(1) authorizes and grants to FBCC the authority, in the event that FBCC is unable to reach the undersigned, to seek medical care for the Student/Child, 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 authorizes and grants to FBCC and the appropriate personnel authority to transport the Student/Child, at the discretion of the FBCC personnel, to such medical facilities as the FBCC personnel may deem necessary or advisable. The undersigned certifies that the Student's/Child's medical information set forth on the 2011-2012 Medical Information Data Sheet is complete and accurate. The undersigned further certifies that he or she has adequate insurance to cover any injury or illness suffered by the Student/Child during the 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/Child upon the advice of the treating physician;

(2) RELEASES, WAIVES, DISCHARGES, AND INDEMNIFIES 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/CHILD OR DAMAGE TO THE UNDERSIGNED'S PROPERTY ARISING OUT OF OR RELATED TO THE STUDENT'S/CHILD'S ATTENDANCE OR PARTICIPATION IN THE ACTIVITIES (including, without limitation, the Student's/Child's use of transportation, whether provided directly or indirectly by FBCC or any of the Releasees to or from any of the Activities), **SUCH**

**RELEASE, WAIVER, AND DISCHARGE BEING APPLICABLE EVEN IN THE EVENT OF THE NEGLIGENCE OR FAULT OF THE RELEASEES;**

(3) agrees that if, despite entering into this Agreement, the undersigned, anyone acting on behalf of the undersigned or on behalf of the Student/Child, or the Student/Child after attaining the age of majority makes a claim against any of the Releasees for damages described in paragraph (2) above, the undersigned will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorneys fees, loss, liability, damage, or cost they may incur as a result of such claim.

(4) acknowledges and understands that, in the event of the Student's/Child's improper conduct or lack of cooperation with the FBCC personnel in charge of the Activities, as determined in the FBCC personnel's sole discretion, FBCC may transport the Student/Child home at the expense of the undersigned, which transportation expense the undersigned hereby expressly promises to pay directly to the transporter or by reimbursement to FBCC;

(5) acknowledges that it is the undersigned's intention with this instrument to make a complete, general, and unconditional release of any and all claims whatsoever against the Releasees as set forth above and further acknowledges that neither FBCC nor any of the Releasees has made any representations or warranties whatsoever regarding the Activities or the materials or services provided; and

(6) agrees to let FBCC use my name, picture, portrait, photograph, likeness, and demographic information free of charge in all forms and media for FBCC's advertising, publication, or other lawful purposes, and waives any right to inspect or approve the finished product, including written copy, which may be created in connection with such use.

The undersigned is/are signing this Agreement on his or her own behalf and on behalf of the Student/Child and agrees 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. **THE UNDERSIGNED FURTHER ACKNOWLEDGES AND UNDERSTANDS THAT HIS OR HER SIGNATURE BELOW CONSTITUTES A RELEASE OF LIABILITY OF FBCC AND THE RELEASEES.**

This Agreement is intended to be governed by the Uniform Electronic Transactions Act (Tex. Bus. Com. Code, Section 43.001 et seq.) and applicable federal law governing the enforceability of electronic signatures. Your signature on this agreement conveyed electronically is intended to be fully binding for all purposes, and your conveyance of your signature on this agreement to FBCC by any electronic means is your acceptance of these terms.

**Parent Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If signed electronically, include Email Address:** \_\_\_\_\_

If the Student is over age 17, he/she must also sign this Agreement to evidence his/her agreement to, and acceptance of, the terms of this Agreement on his or her own behalf.

**Student Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If signed electronically, include Email Address:** \_\_\_\_\_

**FIRST BAPTIST CHURCH, CARROLLTON, TEXAS**  
**2011-2012 MEDICAL INFORMATION DATA**

Student/Child Name: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Father: \_\_\_\_\_

Day Phone No. \_\_\_\_\_

Night Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Mother: \_\_\_\_\_

Day Phone No. \_\_\_\_\_

Night Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Other Contact Person: \_\_\_\_\_

Relationship to Student/Child: \_\_\_\_\_

Day Phone No. \_\_\_\_\_

Night Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

**HOSPITALIZATION INSURANCE:**

Medical Insurance Company \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy or Group No. \_\_\_\_\_

Certificate No. \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

**FAMILY PHYSICIAN'S NAME:** \_\_\_\_\_ Phone No. \_\_\_\_\_

**PHYSICAL LIMITATIONS** (asthma, diabetes, epilepsy, etc.) \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

**ALLERGIC REACTIONS** (Please list what drugs, foods, insect bites, or other things your child is allergic to):

Drugs? \_\_\_\_\_

Foods? \_\_\_\_\_

Insects? \_\_\_\_\_

Other? \_\_\_\_\_

**PRESCRIBED MEDICATIONS** (Please list all that are taken routinely):

Medication \_\_\_\_\_

Medication \_\_\_\_\_

Purpose \_\_\_\_\_

Purpose \_\_\_\_\_

Time of Dose \_\_\_\_\_

Time of Dose \_\_\_\_\_

Medication \_\_\_\_\_

Medication \_\_\_\_\_

Purpose \_\_\_\_\_

Purpose \_\_\_\_\_

Time of Dose \_\_\_\_\_

Time of Dose \_\_\_\_\_