

Indemnification Agreement

Medical Attention. I understand that medical attention cannot be immediate in all circumstances. Medical attention will be dependent upon the time needed to remove the person from the program activity area such as a trail in remote areas.

Injury to Persons or Property. The Parent/Legal Guardian/Leader agrees that First Baptist Church shall not be liable to the Parent/Legal Guardian/Leader or any other person for any injury occurring in, on, or around the Premises or at other locations. The Parent/Legal Guardian/Leader further agrees that First Baptist Church shall not be liable for damages to the Parent/Legal Guardian/Leader's property or to property of any third person which may be located in, on, or around the Premises or other locations. The Parent/Legal Guardian further agrees to indemnify and save First Baptist Church harmless from any and all claims or losses arising out of any default by the Parent/Legal Guardian/Leader hereunder or by injuries to person or property occurring in, on, or around the Premises or other locations including, without implied limitation, attorney's fees and/or cost of defending any action.

That I/WE hereby release First Baptist Church, its employees, officers, directors, and volunteers and any individual associated with First Baptist Church from any and all liability, including all expenses of litigation, which might arise from or be a result of my/our child's participation in the use of the premises and other locations, and further agree to fully indemnify and hold harmless any individual or entity herein named from liability from my/our child's participation in the use of the premises and other locations and that I/WE hereby WAIVE and RELEASE the parties herein categorized and entities herein named from any and all liability arising as a result or from my/our child's participation in the use of the Premises and other locations.

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Witness (must be over 18)



First Baptist Church 2012 Student Ministry Medical Release & Photo/Video Form

Participant Information

Last Name _____

First Name _____

Address _____

City _____

State _____ Zip _____

DOB ____/____/____ Grade _____

Emergency Contact Information

Parent/Guardian _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Additional Emergency Contact

Name _____

Phone _____

Insurance Information

Policy Holder _____

Insurance Provider _____

Group Number _____

Policy Number _____

Phone Number _____

**Please provide a photocopy of the front &
back of the medical insurance card.**

CROSSWALK STUDENT MINISTRY GUIDELINES

The following are the guidelines of the Crosswalk Student Ministry of First Baptist Church. These guidelines are in the best interest of the total ministry of the Church and they will be firmly, yet lovingly, enforced.

- Enjoy yourself.
- Student will respect the authority of each adult involved in the Crosswalk Student Ministry. In the event that this respect is not given, parents will be immediately informed.
- Modest one-piece swimsuits or tankinis for girls will be the standard for all Church activities. Chaperones will decide on questionable attire. You may be asked to wear a t-shirt over your suit.
- Everyone's shorts are to be school standard (finger-tip level while standing with arms extended straight down).
- T-shirt messages are to be wholesome. No spaghetti straps.
- For your safety, do not wander the halls or parking lots. Please be at all scheduled activities you are scheduled to attend. (Parents will be notified by the Student Ministry Staff for infractions of this rule.)
- The cost of any hotel damages done by a student will be the responsibility of the parents.
- No tobacco products, alcohol, or other controlled substances are allowed.
- ipods, mp3 players & cell phones are allowed, however, they will only be allowed to be used during free-time. Any student using a cell phone during any session will be confiscated by the student ministry staff & returned at the end of the week.
- The church is not responsible & will not replace any ipod, mp3 player, cell phone, or any electronic device that may get lost or stolen.
- If you have an emergency, please feel free to call any of the leaders on their cell phone.

If a discipline problem is deemed serious enough, the Student will be sent home at the parent's expense.

I have read, understand and agree to the guidelines.

Parent Initials _____ Student initials _____

Medical Information:

Date of Last Tetanus Shot _____

Date of Last DPT or DT Booster _____

List all medications, dosage & frequency _____

List any conditions (physical/emotional) of which we should be aware _____

Medical History

If you/your student has been exposed to any communicable disease within two weeks prior to the event, please keep them home.

Any operations, illness or injuries during the past year? _____

Other injuries/limitations _____

Any allergic reactions to the following:

___ Bee Sting ___ Penicillin
___ Bactracin ___ Hay Fever
___ Poison Ivy ___ Sumac
___ Poison Oak ___ Other _____

Treatment required for allergy _____

Do you/your student have any of the following problems:

___ Convulsions ___ Bed Wetting ___ Sinusitis
___ Sore Throat ___ Diabetes ___ Asthma
___ Heart Trouble ___ Diarrhea ___ Bronchitis
___ Sleep Walking ___ Frequent Colds
___ Fainting ___ Ear Infections ___ Seizures
___ Other _____

Circle medication FBC may administer:

Tylenol Ibuprophen Aloe Vera Mylanta Tums
Antihistamine Cough Medicine Cough Syrup Cold Tablets

Medical/Photo/Video Release

By signing below, I, the parent/legal guardian of _____ agree that I am aware of the recreations my child/myself will be participating in, and that the information I have stated is true and complete. I also consent to his/her/my participation with First Baptist Church and associated activities. In the event of injuries, I authorize First Baptist Church, its staff, volunteers, and any agent of a medical facility to consent on my behalf to the performance of any and all medical treatment judged necessary and the administration of medication and/or anesthesia, until I am able to provide consent. I agree, individually and on behalf of the student/myself named above, to release, indemnify and hold First Baptist Church, its staff & volunteers harmless from and against any injury or death which may be assessed against either as a direct result of activity or said medical treatment. I also agree to pay for all costs associated with this medical treatment, medication or anesthesia which First Baptist insurance does not cover.

I also grant First Baptist Church to use my son/daughter's picture, voice and/or testimony, in any form of promotional or advertising associated with First Baptist Church.

Waiver/Release of Liability

I hereby authorize the physician(s) and staff of any medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary for the student/myself while participating in First Baptist Church Student Ministry events. Said medical treatment may be given without any further permission from the undersigned. I also authorize payment of medical benefits for any services furnished to the student while attending off property events. In the event of injury or illness requiring transportation to an independent medical facility, I authorize the release of all medical records generated at the facility to the staff of First Baptist Church. I understand that this will enable a continuity of care upon the student's return and will provide the staff a means of informing the family members of the student's/my medical condition. Such records will remain a confidential part of the student's/my general record.

Printed Name of Parent/Guardian/Leader

Signature of Parent/Guardian/Leader

Date