

MOUNTAIN BROOK BAPTIST CHURCH
YOUTH PERMISSION AND LIABILITY RELEASE FORM

The undersigned youth participant and his/her parent hereby grant permission for the participant to engage in Mountain Brook Baptist Church (“MBBC”) church-sponsored events/activities, including those occurring at locations away from the premises of MBBC. In consideration for the allowance of this participation, the undersigned participant and parent agree to assume the risk of such events/activities and hereby release, forever discharge and agree not to sue MBBC and its staff and employees for any and all claims, demands, losses, damages and liabilities that the participant may have or sustain which arise out of such participation. The undersigned participant and parent agree to indemnify and hold MBBC harmless from all losses, liabilities, damages, costs or expenses incurred as a result of any claims or suits that I, or anyone claiming by, under or through me, may bring against any party to recover losses, liabilities, costs, damages or expenses which arise during or result from my participation in any activity referenced herein, regardless whether or not caused in whole or part by the negligence or other fault of MBBC.

Also, in the event such church activities occur at or near the private property of another, the undersigned participant and parent hereby release, forever discharge and agree not to sue such property owner, _____, for any and all claims, demands, losses, damages, and liabilities that the participant may have or sustain which arise out of participation in such activities at or near such property.

MEDICAL ATTENTION

The undersigned participant and parent also grant permission to MBBC to obtain any necessary medical attention in the case of sickness or injury to participant during any such event/activity. In the event of an emergency when parent or other designated emergency contact cannot be reached, the participant and parent hereby authorize MBBC and its employees and the physician selected by MBBC to secure and provide proper treatment, including hospitalization, of the participant at participant and/or parent's expense.

PHOTO/VIDEO PERMISSION

The participant and parent understand that the participant may be photographed or videotaped during church activities and hereby authorized such photographs or video to be used in promotional materials, church publications or on the church website.

IN SIGNING THIS FORM, WE AFFIRM THAT WE HAVE READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT WE ARE GIVING UP RIGHTS TO THE FULLEST EXTENT ALLOWED BY LAW BY SIGNING THIS FORM, AND THAT ANY QUESTIONS WE MAY HAVE ABOUT THIS FORM OR THE CHURCH EVENT/ACTIVITY HAVE BEEN ANSWERED TO OUR SATISFACTION.

PLEASE COMPLETE, SIGN AND DATE

Participant's Signature

Date

Parent/Custodial Signature

Date

Form 2

PERSONAL INFORMATION

First Name	Middle Name	Last Name	
Called By	Date of Birth	Male/Female	
Height	Weight	Blood Type	
Home Phone	Cell Phone	Email	
Street Address	City	State	Zip Code

INSURANCE

Insurance in the name of			
Insurance Company	Insurance Company Phone Number		
Policy/Contract Number	Group Number	Prescription Medicine Card Number	

EMERGENCY CONTACTS

Primary Physician's Name	Phone Number			
Title	First Name	Middle Name	Last Name	Suffix
Relationship	Email Address			
Home Phone	Cell Phone	Work Phone		

PRESCRIPTION MEDICATION

Name of Medication(s)	Dosage/Frequency	Condition Treated
_____	_____	_____
_____	_____	_____

Allergies (food or other): _____

Important Health History/Medical Conditions (i.e., asthma, diabetes, etc.): _____

Are vaccinations up to date? _____ Yes _____ No

Date of last tetanus vaccination _____

If your child has a headache, what do you give him or her? _____

If your child has an upset stomach or stomach ache, what do you give him or her? _____

If your child has an insect bite, what do you give him or her? _____

Do you want a counselor or staff member to treat the above if you are not available? _____

Parent/Custodial Signature

Date