

# 2024 First Baptist Church at the Mall d/b/a Lakes Church Annual Liability & Medical Release Form

## PARTICIPANT INFO (One form per family)

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMERGENCY CONTACT INFO Parent/Guardian:

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Secondary contact to notify in the event of an emergency: \_\_\_\_\_  
Their relationship to the child: \_\_\_\_\_ Their phone: \_\_\_\_\_

## MEDICAL INFO (Please attach a copy of Insurance Card) Medical insurance co:

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company's address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain medication, rare blood type, wears contact lenses, etc.): \_\_\_\_\_

List all medication taken on a regular basis and/or any that would be brought on an overnight event. Prescription medicine MUST have a pharmacy label, name of doctor, and be in the child's name. \_\_\_\_\_

List all operations/serious injuries and dates within the past five years: \_\_\_\_\_

**EMERGENCY AUTHORIZATION** I hereby give permission to medical personnel selected by the participant's Church sponsor, his designee or staff to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's Church sponsor, his designee, or staff to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby release First Baptist Church at the Mall, its directors, employees or agents from liability associated with participation in Church sponsored activities.

**PERMISSION** I hereby give permission for my child/children named above to participate in events and activities of First Baptist Church at the Mall, both on campus and off campus. *I ACKNOWLEDGE THERE ARE RISKS ASSOCIATED WITH SUCH PARTICIPATION, INCLUDING BUT NOT LIMITED TO, THE RISK OF PERSONAL INJURY.* This permission is effective from January 1, 2024-December 31, 2024, and it is my responsibility to stay informed of the nature of specific activities and events and promptly notify the church of any changes to the permission hereby given.

**HOLD HARMLESS** I release and agree to hold harmless First Baptist Church at the Mall and their adult sponsors from all liability claims, or demands for personal injury, as well as damage and expenses of any nature that occur while the child is participating in any Church sponsored events to the full extent allowable by law. I hereby verify the information given on this form is correct and acknowledge that this release is effective from January 1, 2024-December 31, 2024, and it is my responsibility to notify the church of any changes to the information provided.

**MEDIA RELEASE** I give permission to First Baptist Church at the Mall to include my child in pictures and videos to be used for Church at the Mall multi-media purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Notary Required

Before me, the undersigned authority, on this day personally appeared known to me or proved to be on the basis of satisfactory evidence to be the person whose name is subscribed above, and acknowledge to me that he/she executed the same in the capacities set forth above, for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA