

# THFBC STUDENT MINISTRY EVENT/MEDICAL/PHOTO RELEASE FORM

202 South Cherry Street Tunnel Hill, GA 30755 (706) 673-2085

\_\_\_\_\_ has my permission to participate in the following activity/event sponsored by Tunnel Hill First Baptist Church on November 18th-20th 2022. I also give my consent for each of the church leaders of the trip to provide my child any medical treatment necessary in case of an emergency. I have listed below any medical problems, allergies, or medications that are necessary for proper treatment.

\_\_\_\_\_  
Home Address                                          City                                          State                                          Zip                                          Grade

\_\_\_\_\_  
Parent or Guardian Names (First and Last)                                          Emergency Contact Name & Phone

Phone Information: Mother's Day #: \_\_\_\_\_ Night #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Day #: \_\_\_\_\_ Night #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

My child is currently taking the following medications on a regular basis and will need this while on every trip. (**NOTE: Please place medication in a Ziploc bag with the student's name and complete instructions.**)

\_\_\_\_\_  
\_\_\_\_\_

I also grant my permission to Tunnel Hill First Baptist Church to use photographs of my child taken during any activity/ event sponsored by Tunnel Hill First Baptist Church during such event and full calendar year to be used in any publications, media, and electronic forms (including but not limited to Tunnel Hill First Baptist's website, Facebook, and instagram). \*\*Students will not be identified by name on the church's website. THFBC is not responsible for posts/tags on Facebook.

Yes, I give permission: \_\_\_\_\_ No, I do not give permission: \_\_\_\_\_

This form will release my student for the following event(s) [place a check in the underlined space]:

\_\_\_\_ The 2022 Youth Group Fall Retreat at Fort Bluff Camp in Dayton, TN. The dates are November 18th-20th. *The retreat is free. Limited space is available for this trip.*

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**ON BACK\*\***

**\*\*NOTARY**

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public

## ACTIVITY WAIVER AND RELEASE FORM

**THIS ACTIVITY WAIVER & RELEASE** (this "Agreement") dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

BETWEEN:

Youth name \_\_\_\_\_ (the 'Participant') OF THE FIRST PART

AND

Tunnel Hill First Baptist Church of 202 Cherry Street, Tunnel Hill, GA 30755

(the "Activity Provider") OF THE SECOND PART

IN CONSIDERATION OF the covenants and agreements contained in this Agreement and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties to this Agreement agree as follows:

### Consideration

1. Being of lawful age and in consideration of being permitted to participate in the activity described below, the Participant releases and forever discharges the Activity Provider, its Owners, directors, officers, employees, agents, assigns, legal representatives and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the activity described below, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Activity Provider.
2. The Participant understands that the Participant would not be permitted to participate in the activity described below unless the Participant signed this Agreement.

### Details of Activity

3. Scheduled for November 18th-20th 2022, the Participant will participate in the following activities: Fort Bluff Lodge in Dayton, TN.

### Concurrent Release

4. The Participant acknowledges that this Agreement is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant and with the intention of binding the Participant's spouse, heirs, executors, administrators, legal representatives and assigns.

**Fitness to Participate**

5. The Participant acknowledges that the Participant does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent the Participant from participating in the above mentioned activity. If required, the Participant will obtain a medical examination and clearance.

**Full and Final Settlement**

6 . The Participant hereby acknowledges and agrees that the Participant has carefully read this Agreement, that the Participant fully understands the same, and that the Participant is freely and voluntarily executing the same.

7 . The Participant understands that by signing this Agreement, the Participant agrees to be forever prevented from suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the above noted activity.

8. The Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Agreement.

9. This Agreement contains the entire agreement between the parties to this Agreement and the terms of this Agreement are contractual and not a mere recital.

**Governing Law**

10. This Agreement will be governed by and construed in accordance with the laws of the State of Georgia.

**Emergency Contact**

11. Youth name

Emergency contact name: Guardian Name

Emergency contact phone number: \_\_\_\_\_.

IN WITNESS WHEREOF the Participant and Activity Provider have duly affixed their signatures under hand and seal on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Youth name

Guardian Name

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Guardian Signature

Date