

**First Baptist Church, Grapevine, Texas**  
**2017 Student Activities**  
**Medical and Liability Release Form**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Names of Parents/Guardians of Student:**  
Father \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Description of Student Activities:**

First Baptist Church, Grapevine, Texas ("FBCG") plans various activities for its middle school and high school students ("Student Activities"). During 2016, the Student Activities planned by FBCG include: Wednesday Night for Students, Sunday Morning Bible Study, Sunday Night Outreach, regular student outings and events (including, but not limited to, activities at local malls, ice skating, and Texas Ranger Games, etc, swimming parties, events at a local lake (including, boating and swimming activities), roller skating, Disciple Now, High School Retreats, Junior High Retreats, ski trip, all guys retreats, all girl retreats, StudentLife Camp, Jr. High Camp, lock-ins, all night parties and other various retreats. Student Activities also include other activities planned by FBCG involving the students of FBCG and their friends and guests as announced from time-to-time by FBCG. Some or all of these activities may include transportation to and from the site of the activity.

**AGREEMENT OF STUDENT AND PARENT/GUARDIANS**

In consideration of First Baptist Church, Grapevine, Texas ("FBCG") permitting the above named Student to participate in the FBCG Student Activities, the undersigned agree to the acknowledgments, authorizations, releases, and agreements set forth on the reverse side of the Agreement. In entering into this agreement, the undersigned acknowledge that some of the Student Activities may involve hazardous activities and many inherent risks that could result in injuries or death. The above-named Student has voluntarily chosen to participate in the Student Activities despite these associated risks, and the undersigned have voluntarily agreed to allow the Student to participate in the Student Activities despite such risks. The undersigned, for themselves, their assigns, representatives, heirs, executors, and administrators, hereby:

(1) Authorize and grant to FBCG the authority, in the event that FBCG is unable to reach the undersigned or any of them, to seek medical care for the Student, including, but not limited to, such medical and surgical treatment or procedures as the treating physician chosen by appropriate FBCG personnel may, in such physician's sole determination, deem necessary or advisable. The undersigned further authorize and grant FBCG and the appropriate personnel to transport the Student at their discretion to such medical facilities, as they may deem necessary or advisable. The undersigned certify that the Student's medical information set forth on the 2016 Student Activities-Medical Information Sheet is complete and accurate. Each of the undersigned further certifies that he or she has adequate insurance to cover any injury or illness suffered by the Student during the Student Activities or agrees to bear all costs related to such injury or illness, including all medical and surgical costs incurred by FBCG for the Student upon the advice of the treating physician;

(2) **RELEASE, WAIVE, DISCHARGE, AND INDEMNIFY FBCG, 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 OR DAMAGE TO THE UNDERSIGNEDS' PROPERTY ARISING OUT OF OR RELATED TO THE STUDENT'S ATTENDANCE OR PARTICIPATION IN THE STUDENT ACTIVITIES** (including, without limitation, the Student's use of transportation, whether provided directly or indirectly by FBCG or any of the Releasees to or from any Student Activities);

(3) Acknowledge and understand that, in the event of the Student's improper conduct or lack of cooperation with the FBCG personnel in charge of the Student Activity, as determined in the FBCG personnel's sole discretion, FBCG may transport the Student home at the expense the undersigned hereby expressly promise to pay directly to the transporter or by reimbursement to FBCG; and

(4) Understand and agree that nothing in the Agreement is intended to constitute a release or otherwise affect the rights of the undersigned against any third party independent from FBCG and the Releasees. Each of the undersigned is signing this document on his or her own behalf and, in the case of the parent signing below, on behalf of the Student, and each agree 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 document freely and voluntarily, and knowingly accepts all the terms and conditions as set forth above. **EACH OF THE UNDERSIGNED FURTHER ACKNOWLEDGES AND UNDERSTANDS THAT HIS OR HER SIGNATURE BELOW CONSTITUTES A RELEASE OF LIABILITY OF FBCG AND THE RELEASEES.**

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**First Baptist Church, Grapevine, Texas  
2016 Student Activities-Medical Information Sheet**

**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: \_\_\_\_\_ Day phone no. \_\_\_\_\_  
Night phone no. \_\_\_\_\_ Cell phone no. \_\_\_\_\_

**HOSPITALIZATION INSURANCE:**

Medical Insurance  
Company \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Policy or Group# \_\_\_\_\_ Certificate # \_\_\_\_\_  
Insurance Company  
Address \_\_\_\_\_  
Insurance Company Phone  
Number \_\_\_\_\_

**FAMILY PHYSICIAN'S NAME** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**PHYSICAL LIMITATIONS** (asthma, diabetes, epilepsy, etc.) \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES** (please be specific):

Drugs or medication \_\_\_\_\_  
Food \_\_\_\_\_  
Insect \_\_\_\_\_  
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 _____

**Name of Student:** \_\_\_\_\_