

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Full Name of Participant _____

Address: _____

Age during activity _____ Date of Birth _____

Has approval to participate in _____

From _____ to _____.

_____ Without restrictions

_____ Special considerations or restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in certain activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release First Baptist Church of Bethany, Missouri, the Harrison Baptist Association, the Southern Baptist Convention, the activity coordinators, and all employees, volunteers, related parties, or other organizations associate with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardians, and/or determination of the participant's ability to continue in the program activities.

PHOTO RELEASE FORM

I hereby give First Baptist Church of Bethany, Missouri irrevocable consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs and/or video of my child in conjunction with this event, for the express purpose for use in a website and/or in publications, newsletters or other literature published for the use of and promotion of First Baptist Church of Bethany, Missouri, without any or further compensation to me or approval by me.

Participant's Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Emergency Contact Number _____

Alternate Emergency Contact Person _____

Alternate Emergency Contact Number _____

STATE OF MISSOURI

ss.

COUNTY OF HARRISON

On this ____ day of _____, _____, before me, a Notary Public in and for said state, personally appeared _____, known to me to be the person(s) who executed the foregoing instrument and acknowledged to me that (he)(she)(they) executed the same as (his)(her)(their) free act and deed for the purposes therein stated.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal the day and year first above written.

My Commission Expires:

Notary Public

STATE OF MISSOURI

ss.

COUNTY OF HARRISON

On this ____ day of _____, _____, before me, a Notary Public in and for said state, personally appeared _____, known to me to be the person(s) who executed the foregoing instrument and acknowledged to me that (he)(she)(they) executed the same as (his)(her)(their) free act and deed for the purposes therein stated.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal the day and year first above written.

My Commission Expires:

Notary Public