

MEDICAL WAIVER

1. TO BE COMPLETED BY PARENTS OF MINOR UNDER 18 YEARS OF AGE:

I, _____ the parent/guardian of _____, a minor, hereby acknowledge that the said minor is presently under my care, custody, and/or control. I hereby give _____ my express permission to go on the 2017 Activities/Trips with First Baptist Church of Port Neches, Texas. I furthermore grant permission for my child to participate in all activities, as my child is capable.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the First Baptist Church of Port Neches, Texas staff, its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery as they deem necessary and proper under the circumstances.

I, _____, the parent of _____, do release, acquit, discharge, and covenant to hold harmless First Baptist Church of Port Neches, Texas its staff, its representatives, or the sponsors from any and all actions, causes of actions, damages, or liabilities, and financial responsibility for all medical treatment provided during the attendance of 2017 Activities/Trips sponsored by the First Baptist Church of Port Neches, Texas.

2. TO BE COMPLETED BY ADULTS 18 YEARS OF AGE OR OLDER:

In the event there arises an emergency necessitating medical or surgical attention, I, _____, hereby consent and give my permission to the First Baptist Church of Port Neches, Texas staff, its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery on my behalf which may in their sole discretion be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless First Baptist Church of Port Neches, Texas its staff, its representatives, or the sponsors from any and all actions, causes of actions, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of 2017 Activities/Trips sponsored by the First Baptist Church of Port Neches, Texas.

I have read this Medical Release Form and agree to the terms of this document, and agree that I am signing it on the behalf of the above named party.

Date _____

SIGNATURE OF PARENT/GUARDIAN

I give permission for my student's image to be used in the publicity of First Baptist Church of Port Neches; printed materials and online usage through our website and social media accounts.

SIGNATURE OF PARENT/GUARDIAN