



5364 N. Broadway St.
Knoxville, TN 37918
(865) 688-2421
www.cbfc.org

CBCFC Youth Ministry Liability Release Form
Release of All Claims/Permission to Treat

In consideration for being accepted by Central Baptist Church of Fountain City (CBCFC) for participation in Youth Ministry trips, retreats, and activities, without limitation, we, (I) being 18 years of age or older, for myself and on behalf of my youth-participant who is under 18 years of age, do hereby release, forever discharge and agree to hold harmless Central Baptist Church of Fountain City and its staff, employees, adult volunteer leaders, and partnering agencies/organizations (collectively, "CBCFC and its Agents") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the youth participant that occur while said youth is participating in any CBCFC Activity over the course of the next calendar year, beginning on the date of my signature given below.

Furthermore, we (I) and on behalf of our (my) youth participant hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in any CBCFC-sponsored Activity. Further, authorization and permission is hereby given to CBCFC and its Agents to arrange transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify CBCFC and its Agents, for (A) any liability or claim CBCFC or its Agents are subjected to as the result of my participation or my youth's participation in any CBCFC-sponsored Activity or (B) any damages CBCFC or its Agents sustain as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I), are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in all CBCFC-sponsored Activities, and hereby give our (my) permission to CBCFC and its Agents to administer over-the-counter medications to participant and to take participant to a doctor, medical clinic, or hospital and also do hereby authorize medical examination, treatment and care if deemed necessary for this participant, including authorization of the release of the medical information contained on the next page hereof to appropriate medical personnel and health insurance companies. We (I) assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) do assume all transportation costs.

We (I) hereby grant to CBCFC and its Agents the right to take photographs, video and other media recordings of participant in connection with CBCFC-sponsored Activities, and authorize and license CBCFC and its Agents to use, reproduce and publish these photographs and recordings, in print or electronically, with or without participant's name for any lawful purpose, including without limitation publicity, promotion, advertising and Web-content.

Print name of Participant or Parent/Guardian if Under 18

Signature of Participant or Parent/Guardian if Under 18

Date



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HEALTH AND MEDICAL INFORMATION

Student Name _____ Date of Birth _____

Street Address _____ City, State, Zip Code _____

Cell Phone _____ Email Address _____

PARENT/GUARDIAN INFORMATION

Father's Name _____

Mother's Name _____

Address _____

Address _____

(If different from above)

(If different from above)

Home # _____ Cell # _____

Home # _____ Cell# _____

Email Address _____

Email Address _____

STUDENT MEDICAL INFORMATION

Primary Physician _____ Phone # _____ Ext # _____

List any medication participant is currently taking: _____

List any allergies of participant: _____

List any medical condition we should be aware of: _____

List any restrictions that should be observed by participant: _____

List any OTC medications that participant should not receive: _____

INSURANCE INFORMATION

Insurance Coverage Provider _____ Insurance Policy Number _____

EMERGENCY CONTACT INFORMATION

Person(s) you as parent/guardian give permission to contact if you cannot be reached in case of emergency:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

I have read and understand the foregoing release hereof and consider this release as legal and binding by witness of my signature.