

Please make sure to completely fill in this form and turn in with a copy of your insurance card.

Parental Consent/Medical Release Form

First Baptist Church of Ocala
2801 SE Maricamp Road, Ocala, FL 34471

June 2015 – June 2016

Male ___ Female ___

Participant: _____ Age: _____ Birthdate: _____

Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent email _____ Student email _____

Name of Parent(s)/Legal Guardian: _____

Address (if different) _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent(s)/Guardian Business Phone(s): (____) _____; (____) _____

Other next of kin/party outside the home who can be notified in event of emergency:

Name: _____ Relationship: _____ Phone: (____) _____

Is your youth covered by medical/hospitalization insurance? YES _____ NO _____

Insurance Company: _____

Policy Holder Name: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Parent/Guardian Place of Employment: _____

Please list below any past or present medical concerns or restrictions, allergies (food, insect bites, etc.), dietary restrictions, current medications regularly taken, or any other important information that you feel we must know, along with medications or treatments needed for these concerns.

Make sure you are in the presence of a Notary Public before completing this page!

Permission for Emergency Medical/Dental Care and Liability Release

Parents or guardians of students under 18 years of age MUST sign the following statement to allow possible emergency medical or dental treatment and to release First Baptist Church of Ocala from liability while the student is attending the event and/or function.

"I/We hereby authorize an emergency service agency and physician or dentist to administer whatever medical care in their professional opinion is necessary for any minor child who is attending the event/function associated with First Baptist Church of Ocala. I/We understand that First Baptist Church, Ocala carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and hospitalization coverage available to my family will provide coverage and the ministry's medical and hospitalization coverage may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I/We further agree to indemnify, hold harmless, release and forever discharge First Baptist Church of Ocala and/or its adult chaperones from any claims which I or my heirs or any other persons acting on my behalf have or may have against First Baptist Church by reason of accident, illness or injury, or other consequences arising or resulting directly or indirectly from the participation of minor child named below in the event/function. This authorization is good while the child is attending the event/function or until revoked by me, in writing."

Minor Child's/Children's Name: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Permission to participate in trips/activities/events/functions

Parents or Guardians of child/children under 18 years of age MUST sign the following statement to allow the child/children to participate in trip/activity/event/function while with First Baptist Church of Ocala.

"I/We understand that chaperones accompany child/children on all trips/activities/events/functions but may not always be able to personally and individually supervise my child/children. My child/children will be allowed to attend and participate in trips/activities/events/functions organized by First Baptist Church of Ocala.

Furthermore, I/We understand that my child/children will be expected to abide by conduct rules and dress codes that have been set up by the event's sponsoring ministry of First Baptist Church of Ocala. I give permission for the adult leaders to discipline my child/children in the manner in which they see fit. Should occasion arise and should it become necessary for my child to return early from this trip, I agree to meet any necessary expenses. This authorization is valid while the child/children are involved in said trip/activity/event/function with First Baptist Church of Ocala or until revoked by me, in writing."

By signing this form you are giving FBC Ocala and/or the supervising ministry leaders to take and use your student's photo in future FBC Ocala publications, on our church website, and in future advertisements.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

STATE OF FLORIDA, COUNTY OF MARION

The foregoing instrument was acknowledged before me this _____ day of _____, 2014, by

(Name of person acknowledging)

Signature of Notary: _____ Date: _____

Personally Known _____ or
Produced Identification _____
(Type of Identification Produced)

Global Youth Ministry
Global Youth Camps
40 Blackhawk Trail
Chatsworth, GA 30705
877-251-1800
www.globalyouthministry.org



Camp Medical Information & Release Form

Name _____ Gender _____ Age _____ Birthdate ____/____/____
Church/Org _____ City _____ State _____

In case of emergency, notify:

Name _____ Phone _____ Phone 2 _____
Address _____ Relationship _____

Family Physician:

Name _____ Phone _____
Address _____ City, State, Zip _____

Insurance Information

Provider: _____ Policy No. _____
Address _____ City, State, Zip _____
Policy Holder _____ Type of plan: group individual

Allergies/Other Info

Penicillin Insect Bites Hay Fever
 Poison Ivy Other: _____
Date of last Tetanus shot: _____

NOTE: Any/all medications that are brought to camp MUST be turned in to the designated adult from the sponsoring church/organization during a minor's stay. No student/minor may be allowed to keep any prescription drugs/medication in their possession at any time, except as supervised by designated sponsor.

Is the participant on any prescribed drugs/medication: yes no

If yes, please explain: _____

What medications will be brought to camp/retreat? _____

Photo Release: With participation, I give permission for myself/my child to be photographed, and/or videotaped while participating in the above stated camp/retreat for the purposes of publicity, staff training, and/or promotion.

I, the participant/parent/guardian as signed below, hereby give consent and/or authorization for the individual listed on this form to be examined by medical or dental personnel, as dutifully licensed to practice under the laws of the state; and to provide necessary treatment and/or hospitalization that in their professional opinion is necessary to maintain the life, health, or well being of the individual. I also understand that my insurance is primary in any and all claims, and the sponsoring church or organization becomes secondary. I have examined this form and find that all information is correct and true to the best of my knowledge.

Signature of participant (over 18) OR
Signature of parent or guardian (if participant is under 18)

Date

**GLOBAL YOUTH MINISTRY
OUTDOOR ACTIVITIES PARTICIPATION AGREEMENT
ASSUMPTION OF RISK AND RELEASE**

In consideration of the services of Global Youth Ministry, and Alpine Towers International, Inc, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as GYM/ATI), I hereby agree to release, indemnify, and discharge GYM/ATI, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ropes course, blob, hiking, paintball, and other outdoor activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

GYM/ATI programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in any outdoor activities. The risks include, among other things, the potential for: slips, falls and falling, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During and activity there may be contact with plants, animals, or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, GYM/ATI instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless GYM/ATI from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of GYM/ATI equipment or facilities, including any such claims which allege negligent acts or omissions of GYM/ATI.

4. Should GYM/ATI or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against GYM/ATI, I agree to do so solely in the state of Georgia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against GYM/ATI on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Date _____

Printed Name of Participant _____

Address _____ Phone _____



Outland Expeditions
 6501 Waterlevel HWY. SE
 Cleveland, TN 37329
 Toll Free 1-800-827-1442
 www.outlandexpeditions.com

Date _____

Time _____

Witness _____

1-800-827-1442 | 1-423-478-1442
 www.outlandexpeditions.com

Waiver and Release of Liability
 PLEASE READ CAREFULLY

In consideration of **Outland Expeditions, Inc.** furnishing services and/or equipment to enable me to participate in white water rafting, funyaking, hiking, camping, climbing and/or other outdoor activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of white water rafting and/or climbing equipment and participation in such activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of **Outland Expeditions, Inc.**; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces or nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in while or in part by the negligence or other conduct of the owners, agents, officers, or employees of **Outland Expeditions, Inc.**, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **Outland Expeditions, Inc.** and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of **Outland Expeditions, Inc.** equipment or my participation in white water rafting and/or climbing activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of **Outland Expeditions, Inc.**

I further agree to indemnify and hold harmless the United States, TVA, Alcoa Power, Ocoee River Outfitters Association, The Appalachian Growth Fund III, the State of Tennessee, the State of North Carolina, and their respective agents, servants and employees from any and all claims, demands, actions and judgments arising at any time out of or in any way connected with my use of the white water recreation area or the Ocoee River or the Cheoah River and activities incidental thereto.

The Venue of any dispute that may arise out of this agree or otherwise between the parties to which the **Outland Expeditions, Inc.** and its agents is a party shall be either the city of Cleveland, Tennessee Justice Court or the County or State Supreme Court in Bradley County.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE **OUTLAND EXPEDITIONS, INC.** FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Name: _____ Age: _____
 Address: _____

Signature of Parent or Guardian: _____

Name: _____ Age: _____
 Address: _____

Signature of Parent or Guardian: _____

Name: _____ Age: _____
 Address: _____

Signature of Parent or Guardian: _____

Name: _____ Age: _____
 Address: _____

Signature of Parent or Guardian: _____