

# Permission Form

I, the undersigned, give permission for my son/daughter \_\_\_\_\_ Aged \_\_\_\_\_, birth date \_\_\_\_\_, to participate in the activities organized by Augusta Road Baptist Church, Greenville South Carolina between the dates of **July 26, 2016** and **July 26, 2017**. This permission applies to all travel done during this time. I understand that I will no longer receive permission slips for individual outings and this permission form will give my permission for my child to attend all activities between the given dates. I agree to hold harmless Augusta Road Baptist Church, et al, as well as any and all church employees, volunteers, and other participants from any liability, damages, or injury that might occur as related to an event. This release authorization shall also cover any and all vehicle transportation.

Augusta Road Baptist Church Youth/Children leaders have my permission to seek and authorize medical assistance and/or treatment for any injuries and/or accidents which occur while participating in a Augusta Road Baptist Church youth event. I understand that I will be contacted immediately in the event of any accident.

I will be responsible for any bills and/or fees connected with medical treatment while participating in an Augusta Road Baptist Church event.

I understand that good behavior is an important part of any successful outing. If my child's behavior is deemed inappropriate by the group leader, I agree to take care of the expense of my child's return home before the end of the activity.

My child understands that fireworks, cigarettes, alcohol, drugs, and weapons of any kind are never permitted at Youth/Children's Group functions. If any of these items are suspected, youth/children leaders have my permission to search belongings in order to make sure everyone is safe.

My child understands and agrees to the following standards:

Augusta Road Baptist Church Youth/Children Ministries Standards

- I will stay with the group at all times.
- I will respect the other participants and our adult leaders
- I will abide by all curfews and deadlines
- I will refrain from inappropriate sexual activity
- I will not use tobacco products, alcoholic beverages, e-cigarettes, or other illegal substances.
- I will take responsibility for my own behavior.

- I will try to have a great time and make sure others do too.
- Cell phones are not to be used during any teaching, discipleship, worship, or structured meeting unless otherwise stated.
- Participation with the group is expected.
- No offensive or immodest clothing.
- No students can drive. No fighting, weapons (including pocket knives), fireworks, lighters, or explosives.

Initial and date \_\_\_\_\_

Initial and date \_\_\_\_\_

Notice: No medication will be administered by Augusta Road Baptist Church staff, or volunteers. Please provide your child or youth minister with any medication, including pain relievers.

\*\*\*I have read the Waiver and Medical Authorization on the third page of this document and I understand and agree to all of its terms.

Medical Information

Knows how to swim		Y	N
Tetanus shot up to date (include date)	Y	N	
Any reaction to insect bites		Y	N
Asthma	Y	N	
Any reaction to sun/sunburn		Y	N
Food Allergies (shellfish, eggs, Peanuts, Etc.)	Y	N	
Insect Bites	Y	N	

\*The above medical information, and any other medical information that needs to be known, may be delivered in a "confidential" envelope.

Name of Medical Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

Participants SS# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Please notify Greenlawn Baptist Church Youth/Children minister concerning medication, allergies, or other special needs. You may do so here, or in a confidential envelope.

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In case of emergencies, I can be reached at the following phone number:

Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Address" \_\_\_\_\_

Additional Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Youth's email address: \_\_\_\_\_

Youth's t-shirt size: \_\_\_\_\_

Youth's Cell Phone #: \_\_\_\_\_

**Notify Church of Any Changes**

Initial and date \_\_\_\_\_

**WAIVER AND MEDICAL AUTHORIZATION FORM**

**RELEASE, WAIVER, AND INDEMNITY AGREEMENT IN REGARD TO PARTICIPATION BY MINORS  
IN ALL CHURCH SPONSORED ACTIVITIES**

I have consented to participation by my minor son/daughter in the Church sponsored activity described in the accompanying **Permission Form**. In consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against Augusta Road Baptist Church in Greenville, South Carolina, the ministers, the employees, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child/children, my spouse and I **release** Augusta Road Baptist Church, its ministers, employees, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the Church sponsored activity described in the **Permission Form**. This release specifically covers and **releases** any and all claims against Augusta Baptist Church, its ministers, employees, and Church members which arise from the child's own negligence.

2. I agree, and I hereby bind my estate, to **indemnify** Augusta Baptist Church, its ministers, employees, and Church members against any claim by me, or by my spouse, or by my child/children, or by a legal representative, or by any third party which relates to, or in any way arises out of my

child's/children's participation in the Church sponsored activity described in the **Permission Form**, including any costs or attorney's fees which are incurred by them.

3. I assume any risks and hazards incident to my child's/children's participation in these activities and consent to full participation by my child/children.

4. I further authorize Augusta Baptist Church, its ministers, employees, or Church members to furnish my child/children with emergency medical care or to obtain the same from medical professionals in the event that the staff in their judgment deem the same to be needed for my child/children. This authorization includes, but is not limited to the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse Augusta Road Baptist Church for this medical care.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

I grant permission for my child's photo to be used on the ARBC website, in the newsletter, and on all bulletin boards located in Augusta Road Baptist Church. I understand that my child will not be identified by name.

\_\_\_\_\_  
Parent of Legal Guardian

\_\_\_\_\_  
Date





