

Should this child's activities be restricted for any reason? Yes / No. If yes, please explain:

For your information, we expect each child to conform to these rules of conduct.

- Participate with the group.
- Respect property.
- Respect one another, staff, and adult leaders.
- Respect and comply with event schedules.
- No possession or use of alcohol, drugs, or tobacco.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters (overnight activities).

Children who fail to comply with these expectations may be sent home at their parents' expense.

I, the child, have read the rules of conduct, the above evaluation of my health, and permission to participate in children's ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Child signature _____ Date _____

Activities may include, but are not limited to: cookouts, boating, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the children's minister prior to that event.*

_____ has my permission to attend all children's ministry activities sponsored by **First Baptist Church Opelika** from **August 2010** until **July 2011**.
DATE DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child where circumstances are outside the control of the Church.

I give my permission for my child to participate in this church sponsored activity and, if necessary, to ride in the church vehicle for this activity. I understand that First Baptist Church and any supervising adult or sponsor will provide all reasonable care and responsibility for my child, but cannot be held liable for anything outside their control, such as acts of God or negligence due to others (namely those other than First Baptist Church and any supervising adult or sponsor) which reasonable care and responsibility could not avoid. However, if First Baptist Church and any supervising adult or sponsors are negligent in their care and supervision, they will be held accountable.

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement that is outside the control of the leadership of the event. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child

First Baptist Church Opelika
301 S. Eighth Street
Opelika, AL 36801 (334) 745-5715

Event

Medical Release & Permission Form

named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the children's ministries staff member.

Parent/guardian signature _____ Date _____