

Vacation Bible School Waiver Release Form- June 9-14, 2019

Effective for all Vacation Bible School activities with FIRST BAPTIST CHURCH, OZONA, TEXAS.

Child's Name	Grade just finished	Food/Drug Allergies	List other pertinent medical problems

Phone #: _____ Cell #: _____

Address: _____

Parent or Guardian's Name: _____

Medical Information Physician's Name and Phone # : _____

In Case of Emergency, Contact:

Home Phone: _____ Business Phone: _____ Cell #: _____

Medical Release In the event of an emergency, I hereby authorize First Baptist Church, Ozona, and its staff, employees, drivers, sponsors, volunteers and helpers (collectively "Representatives") to take any steps they deem necessary to obtain emergency medical care, including without limitation, anesthesia, for my child(ren) and I hereby release First Baptist Church and its Representatives from any financial liability incurred during such emergency treatment.

Church Release I hereby release FBC Ozona and its Representatives from any liability for injury or damages suffer by the above child(ren) and agree to release indemnify and waive any rights by subrogation I may have, and hold harmless FBC Ozona and its Representatives for claimed or asserted injury or damage to my child(ren). I understand that this release is a contract. No oral representation, statements or inducements apart from the above written agreement have been made. I expressly state that I have read, understand and am familiar with all its observations and that I sign it of my own free will. I further expressly agree that this release, waiver and indemnification agreement is intended to be as broad and inclusive as is permissible by the laws of the State of Texas at that if any portion of this agreement is held to be invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect. I hereby state that I am the parent or guardian of the minor(s) whose name(s) appears above. I am familiar with and consent to the terms and conditions set forth in this release of liability.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date