

**First Baptist Church  
Pikeville, Kentucky**

**RELEASE AND WAIVER OF LIABILITY, COVENANT  
NOT TO SUE AND INDEMNITY AGREEMENT;  
PERMISSION FOR MEDICAL TREATMENT AND  
PHOTOGRAPH/VIDEO USE**

The undersigned, as parent/legal guardian of \_\_\_\_\_, a minor, have requested the aforementioned minor participate in certain activities and events sponsored by the First Baptist Church of Pikeville, Kentucky. I understand that the minor will be traveling with full time and volunteer adult chaperones and/or employees in vehicles which may be owned either by the First Baptist Church of Pikeville, Kentucky or by private individuals (including private vehicles driven by teenage drivers with expressed parental/guardian permission) and do hereby give my express permission for the minor to travel to and participate in these activities and events. The undersigned does for himself/herself and on behalf of the aforementioned minor, his/her heirs, administrators, executors, and assigns, **RELEASE, WAIVER, COVENANT NOT TO SUE AND DISCHARGE** the First Baptist Church of Pikeville, Kentucky, its departments, agencies, employees, contractors, other ministries participates, sanctioning organization, sponsors, advertisers, employees, volunteers, chaperones, drivers (including teenage driver with parental/guardian permission) and the owner or leasee of the premises or, equipment or vehicles used in connection with the activities and events sponsored by the First Baptist Church of Pikeville, Kentucky, collectively hereinafter sometimes referred as “releasee”, from all liability to the undersigned, the heretofore referred to minor and each’s personal representatives, assigns, heirs, beneficiaries, spouses, administratrixes, and next of kin for any and all loss or damage and any claim or any demand on account of any injury to the undersigned or the aforementioned minor or his/her property, including, but not limited to death, whether caused by the negligence of the “releasee” or otherwise, while the aforementioned minor is participating in the activities or events sponsored by the First Baptist Church of Pikeville, Kentucky, or being upon or about the area of the activities or events, or officiating in, observing, working the activities or events, or for any other purpose participating in or traveling to or from the activity or event, or resulting from discipline deemed necessary.

The undersigned represents, agrees, and warrants that at any time the undersigned feels that the activities or events, or the planning or

**administration of or organization thereof is unsafe, or for any reason he/she can no longer accept the terms and conditions hereof, the undersigned will immediately advise the First Baptist Church of Pikeville, Kentucky of such and will immediately terminate the aforementioned minor's participation in the activities or events sponsored by the First Baptist Church of Pikeville, Kentucky.**

**The undersigned fully understands that the First Baptist Church of Pikeville, Kentucky has no obligation or requirements to allow the aforementioned minor to participate in the activities or events and cannot and would not allow the aforementioned minor to participate in the activities and events unless the undersigned had fully read, understood, accepted and agreed to be bound by the terms and conditions contained herein.**

**The undersigned further agrees to fully and completely indemnify, save and hold harmless the "releasee" from any loss, liability, damage or cost that the "releasee" may occur due to, arising out of, or relating to the aforementioned minor's participation in the activities and events sponsored by the First Baptist Church of Pikeville, Kentucky, including claims for subrogation asserted by third parties arising out of injury or death to the aforementioned minor whether caused by the negligence of the "releasee" or otherwise.**

**Further, the undersigned does hereby request that the First Baptist Church of Pikeville, Kentucky and its ministry staff, employees, chaperones including full time and volunteer staff to carry out and discipline in their judgment deemed necessary for the aforementioned minor while participating in the activities and events sponsored by the First Baptist Church of Pikeville, Kentucky. The undersigned also specifically agrees to pay the full amount of the expenses incurred if disciplinary action for the minor includes the minor being sent home.**

**My permission is granted for the First Baptist Church of Pikeville, Kentucky and its ministry staff, employees, chaperones including full time staff and volunteer staff to obtain necessary medical attention in case of sickness or injury to the aforementioned minor.**

**I understand that as a participant aforementioned minor may be photographed or videotaped while participating in the activities and events sponsored by the First Baptist Church of Pikeville, Kentucky and do hereby give my permission and consent to allow these photographs or videotapes to be used in promotional materials.**

**THIS IS A RELEASE, READ CAREFULLY! \_\_\_\_\_(Initials)**

The undersigned, by initialing this paragraph agrees and represents that he/she has FULLY READ in its entirety this RELEASE AND WAIVER OF LIABILITY, COVENANT NOT TO SUE INDEMNITY AGREEMENT and voluntarily signs the same and further agrees that no oral representations, statement of inducements apart from the foregoing written agreement have been made by the First Baptist Church of Pikeville, Kentucky or any of its employees, representatives or agents.

Full name of minor \_\_\_\_\_

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**MEDICAL INFORMATION**

**I. Student Information**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

**II. Parent/Guardian Information**

Parent/GuardianName \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Relationship to student \_\_\_\_\_

Place of employment \_\_\_\_\_

Work telephone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_ Effective Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

**III. Person to call in case of emergency (if parent or guardian cannot be reached)**

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to student \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to student \_\_\_\_\_

**IV. Medical Information**

**1. Please check and specify if any past history of:**

\_\_\_ Allergies (substances)

\_\_\_ Asthma

\_\_\_ Diabetes

\_\_\_ Heart condition

\_\_\_ Hypoglycemia

\_\_\_ Mental disorder

\_\_\_ Epilepsy

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_.

**2. Generally student's health is: (check one)**

\_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

If Fair or Poor, please explain: \_\_\_\_\_

\_\_\_\_\_.

**3. List any previous operations or serious illnesses:**

\_\_\_\_\_  
\_\_\_\_\_.

**4. List any medications your child presently takes, both prescription and non-prescription:**

Name \_\_\_\_\_ Purpose \_\_\_\_\_

Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Purpose \_\_\_\_\_

Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Purpose \_\_\_\_\_

Dose \_\_\_\_\_ Frequency \_\_\_\_\_

**5. List any medication your student should not take or you do not your student to take:**

\_\_\_\_\_  
\_\_\_\_\_

**6. Medication Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

**7. Date of Tetanus Immunization: \_\_\_ / \_\_\_ / \_\_\_**

## Certificate of Acknowledgement

**State of:** Kentucky

**County of:** Pike

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary)

personally appeared, \_\_\_\_\_,  
(Signer[s])

### **Notary information:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Seal Imprint)

