

PARENTAL AUTHORIZATION, CONSENT, AND RELEASE

Please fill out and return the day of the event **Water Wars August 13th, 2022.**

PARENT _____.
ADDRESS: _____. Child's name:
_____. Child's age: _____ Emergency Contact
(1) name: _____ Emergency Contact (1) number: _____ Emergency Contact (2)
name: _____ Emergency Contact (2) number: _____ Health
Insurance Company: _____ Policy #: _____ List known
allergies: _____ List medications presently taken:

I, _____, am the parent or legal guardian of _____. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect. As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a child attending the activities listed previously, my child will participate in certain activities which carry with them a degree of risk and danger. I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT, AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury, or damages that may befall my child because of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities. In consideration of my child being allowed to participate in these activities and to use equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless First Baptist Church from all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of equipment and facilities. I understand that it is my obligation to inform First Baptist Church of all health considerations or medical conditions that would restrict my child's participation in any and all activities while in the care of First Baptist Church. Should the need for medical attention arise, First Baptist Church will attempt to contact me as soon as practicable under the circumstances. In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide all medical care they deem, in their professional opinion, to be necessary. I agree to pay for all medical expenses incurred because of the use of this consent. I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against First Baptist Church based on any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT, AND RELEASE by reading it before I signed it.

To be signed by child's parent or legal guardian: _____

(Signature parent or Guardian) (Signature Child) _____

(Date) _____