

WAIVER AND MEDICAL AUTHORIZATION FORM

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

I consent to participation by my minor son/daughter in the First Baptist Church sponsored activity described in the accompanying enrollment form. In consideration for son/daughter being allowed to participate in this event, 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 First Baptist Church, Greenville, South Carolina (FBCG), the pastors, the employees, or Church members which arise out of, or relate to, my son's/daughter's participation in this event. 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** FBCG, its pastors, 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 activities described in the accompanying enrollment form. This release specifically covers and **releases** any and all claims against FBCG, its pastors, employees, and Church members for their own negligence.
2. I agree, and I hereby bind my estate, to **indemnify** FBCG, its pastors, 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 activities described in the accompanying enrollment form, including any costs or attorneys' 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 FBCG, its pastors, employees, and 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 provided to my child/children or to reimburse FBCG for this medical care.

I grant permission for my child's photo and video to be used for church promotional purposes, including use on the FBCG website. I understand that photos on the website will not be identified by name.

Parent or Legal Guardian

Date