

# 2021

LAST NAME - PLEASE PRINT



**MEDICAL RELEASE AND INDEMNITY  
AGREEMENT  
PARENTAL PERMISSION FORM**

***This form is valid for all First Baptist Church Ministry events during the year January 2021- December 2021.***

We, the undersigned, DO HEREBY RELEASE, PROMISE TO SAVE HARMLESS AND PROMISE TO INDEMNIFY First Baptist Church of Artesia, New Mexico, and all adult sponsors of or for the First Baptist Church (hereafter referred to as "INDEMNITIES" for and from any liability whatsoever for any sickness, disease, injury, damage, accident, misfortune or death sustained by the undersigned minor during the aforementioned event. We the undersigned, further agree to hold the aforementioned INDEMNITIES harmless and to INDEMNIFY the same from any liability whatsoever resulting from any decision they, in their discretion, shall make, or any sickness, disease, accident, injury, damage, death, or misfortune which might occur to the undersigned minor in connection with any activity, trip, event, or function involving or during the aforementioned trip sponsored by First Baptist Church. This agreement is given in consideration for the supervision and discipline to be provided on our behalf by said INDEMNITIES plus other good and valuable consideration. Further, we hereby appoint First Baptist Church of Artesia, New Mexico and any adult staff to act in my (our) place in the event said minor should require medical attention during this trip. This appointment is for the purpose of securing benefits for the health and welfare of said minor and expressly includes the authority to sign releases to physicians who may render medical care and services. We promise to assume liability for payment for all such professional services, and to reimburse the First Baptist Church of Artesia, New Mexico for any expense that may be incurred for treatment, care, drugs, and other services for said minor. I understand that if the medical information provided below should change throughout the current calendar year, it is my responsibility to provide updated medical information to First Baptist Church of Artesia, New Mexico. If the undersigned minor's behavior is such that it endangers the welfare of others, First Baptist Church or its adult sponsors have our permission to send said child home or to exercise such non-corporal discipline as they deem appropriate. If said child is sent home, I further agree to pay the transportation costs for the trip home. This agreement shall be construed according to and governed by the laws of the State of New Mexico. All of the sentences, phrases and provisions of this agreement are distinct and severable, and if any clause, phrase or sentence shall be deemed illegal, void or unenforceable, it shall not affect the validity, legality or enforce ability of any other clause or portion of this agreement. It is expressly understood that any reference to "trip" contained herein includes not only travel time, but also all activities, functions, or periods of time for any duration between travel plus all periods of time when said minor is under the custody, control or direction of said "INDEMNITIES".

**WE HAVE READ THIS AGREEMENT IN ITS ENTIRETY. This agreement was signed in Eddy county, New Mexico.**

Participant's Name: CHILD/ADULT 1 Date of Birth: \_\_\_\_\_

Participant's Name: CHILD/ADULT 2 Date of Birth: \_\_\_\_\_

Participants Name: CHILD/ADULT 3 Date of Birth: \_\_\_\_\_

Parent/Guardian/Participant over 18's **signature**: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Participant over 18's **printed name**: \_\_\_\_\_

**\*\*If children have separate insurances from one another please fill out a separate form for each.\*\***

Home Address: _____	Medical Insurance Company: _____
Home Phone: _____	Insurance Policy Number: _____
Parent Cell Phone: _____	Insurance Co. Address: _____
	Insurance Co. Phone: _____

Person to contact in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Indicate date of last tetanus shot (for each participant): \_\_\_\_\_

List any physical limitations (allergies, etc.). If none, please indicate: \_\_\_\_\_

List any medications taken regularly. If none, please indicate: \_\_\_\_\_