



Parental/Guardian Authorization and Release
For Out-of-County/State Trips

We the undersigned parent or guardian grant permission for _____(the "Participant") to participate in the below described "Activity": _____

We, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of permission for the Participant to be involved in the below designated Activity, do hereby release and agree to indemnify, defend, save and hold harmless First Pentecostal Church of Pensacola, its agents, employees and successors, from any and all responsibility and liability arising out of the Participant's involvement, directly or indirectly in the "Activity" and from the administering of or the obtaining of and consenting to first aid or medical care. We are fully aware of the hazards and dangers of participating in the Activity and assume full responsibility and liability for any and all expenses, damage, accident illness injury, or medical expense of and to Participant of our property resulting from such participation.

In the absence of one of the Participant's parents or guardians, we hereby authorize First Pentecostal Church of Pensacola, its agent or employee to administer first aid and to obtain and consent on behalf of the Participant and the Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which may be needed by Participant as a result of involvement in the Activity. We agree to abide and be bound by such decisions and consent as if made by us and assume full financial responsibility to secure adequate insurance for such first aid and medical care.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel during the duration of the Activity. I understand that as the parent/guardian of Participant, I must complete the Medical and Insurance Information form in addition to this form. Also, if our child has special medical needs or routinely must take medication, I have listed them and give consent for the medication to be administered. As the parent(s) of the child we also acknowledge the fact the child is willing and able to fully participate in the event described above.

_____ Date Parent or Guardian

_____ Date Parent or Guardian

Certificate of Acknowledgment - This portion must be filled out by a Notary Public.

State of Florida County of _____

The foregoing instrument was acknowledged before me via [] physical presence OR [] online notarizations this _____ day of _____ 20_____, which is the date of the execution of this Release of Liability, by _____, _____ who is [] personally known

OR [] produced identification. Type of identification produced _____ proving them to be the individual described in and who executed this document, and acknowledged that he/she fully understands its contents and meaning and duly executed the same as his/her free act and deed and for the sole consideration therein stated.

Notary Public: _____

Notary Seal

My Commission Expires: _____