

**FIRST BAPTIST CHURCH OF ALEXANDRIA
YOUTH PERMISSION and RELEASE FORM**

This form (1) gives your permission for your child to ride in transportation provided by First Baptist Church of Alexandria (FBCA); (2) gives permission for your child to participate in FBCA youth activities; (3) releases FBCA and its staff and volunteers from liability related to your child's participation in FBCA youth events; and (4) gives FBCA group leaders authorization to secure medical aid for your child should it be necessary during a youth event.

NOTE: THIS FORM IS EFFECTIVE FOR ALL FBCA YOUTH EVENTS UNTIL YOU REVOKE YOUR PERMISSIONS AND RELEASES AS SET FORTH BELOW.

In consideration of FBCA permitting my child, _____, (Print Minor Child's Name), hereinafter, "Child" to participate in FBCA Youth trips, activities and outings including recreation and work activities (FBCA Youth Events), I, _____, (Print Parent/Guardian's Name), do hereby give the following permissions and releases:

(1) Transportation Permission

I hereby give permission for my Child to be transported to and from FBCA Youth Events in FBCA vehicles or other transportation arranged by FBCA.

(2) Event Participation Permission

I further grant permission for my Child to participate in all FBCA Youth Events.

(3) Release of Liability

I do hereby release, forever discharge and agree to hold harmless FBCA, its members, employees, representatives, agents, assigns and volunteers (FBCA Releasees) from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by my Child that occur while my Child is participating in any FBCA Youth Event. I further hereby agree to hold harmless and indemnify FBCA Releasees for any liability sustained by my Child including expenses incurred attendant thereto.

(4) Medical Treatment Authorization

I further authorize representatives of FBCA to obtain or acquire medical care and treatment necessary as a result of injury or illness occurring while my child is participating in a FBCA Youth Event and to utilize my insurance policy for such care. Medical care professionals are authorized to furnish care as directed by the representative of FBCA presenting this document. I further agree to provide

EFFECTIVENESS AND REVOCATION

This permission form and release shall remain in full force and effect until revoked in writing on this form as provided below. Alterations, modifications or additions to the accompanying medical history and insurance information form shall not affect the validity of this permission form and release.

Signature of Parent/Guardian

Sworn to and subscribed before me this _____ day of _____, 20____.
My commission expires _____.

Notary Public

Revocation

I, _____ (Print Parent/Guardian's Name), hereby revoke the above executed permission and liability release.

Signature of Parent/Guardian

Date