

**FIRST BAPTIST CHURCH
COOKEVILLE, TENNESSEE
CONSENT AND RELEASE FORM**

I, the undersigned, hereby consent to participating in the children/youth/adult activities/trips/events sponsored by First Baptist Church. If I have a medical condition, which may be relevant to a physician in the event of an emergency, I have listed them below. If I am unconscious or unable to communicate, I hereby authorize an official representative of First Baptist Church to make emergency medical decisions for me.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISK WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold First Baptist Church and its agents, employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account of injury to me or my property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Tennessee and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.

I give permission for my picture to be taken during any church sponsored activities and allow that picture to be published in church publications such as **First Chronicles/Children's/Youth/Adult Activities/Music brochures**. I also give permission for my picture to be posted on the **First Baptist Church Facebook** page and/or to be used on any of the **First Baptist Church's Blogs**.

_____ (Initials)

Participant's Name _____

Address _____ City _____ St _____ Zip _____

In case of emergency
notify _____ phone _____ cell _____

Physician _____ Phone(____) _____

Insurance
Co. _____ Policy# _____

(continued on the back)

PAST MEDICAL HISTORY

Check Giving Appropriate Information

___Asthma___Sinusitis___Bronchitis___Kidney Trouble___Heart Trouble___Diabetes___Dizziness

___Stomach Upset___Hay Fever

Allergies to:

Foods_____

Drugs/Name_____

Insect Sting/Bites_____

Poison sumac, oak, or ivy_____

List of current

Medications_____

Must be SIGNED in the presence of a Notary Public

Please complete and sign below

Participant/Parent/Legal Guardian Signature

Participant/Parent/LegalGuardian_____Date_____

Phone#_____Phone#_____

Notary Public

_____, personally appeared before me and in my presence signed the within and forgoing permission and release form. Witness my hand and official seal this _____ day of _____, 20_____. My commission expires on _____.

(Notary Signature)