FIRST BAPTIST CHURCH ROME
Seeking His Heart Being His Hands

PARTICIPANT FORM

2017 Parental Consent Form

I, the undersigned parent or legal guardian, do give consent for the above named minor to participate in the activities of the Children's/Student Ministry of the First Baptist Church of Rome, GA, Incorporated [the Church] for the period beginning at midnight on January 1, 2017 and terminating at midnight on December 31, 2017. I understand that said activities will occur both on and off of the property of the Church and will include traveling within Rome, within Floyd County, within the State of Georgia, and between states by various modes of transportation including but not limited to: church owned vehicle, rented van or bus, chartered bus, and personal vehicles.

Participant Name (FIRST/MIDDLE)_____ (LAST) _____

Date of Birth ___/___/_____ Gender _____ Age _____ Grade in School _____
Home Address _____City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Other Phone _____

In Case of Emergency, Contact _____ Relationship _____
Home Phone _____ Work Phone _____
Mobile Phone _____ Other Phone _____
Other Emergency Contact Name & Phone: _____Relationship_____
Other Emergency Contact Name & Phone: _____Relationship_____

Medical Information

Insurance Company _____ Phone _____
Policy or Group Number _____
Participant Social Security # _____
Physician Name _____ Phone _____
Subscriber Name _____ Phone _____
Allergies (use back if needed) _____
Medications (use back if needed) _____

Authorization for Treatment & Release of Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, volunteers, and agents of First Baptist Church of Rome, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at the event by theft or otherwise. I also assume personal responsibility for all medical bills (for myself or child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for First Baptist Church of Rome to use any or all recordings of me or my child in publications, videos, website design, or other media expressions.

_____ _____ _____
Participant Signature Print Name Date Signed

_____ _____ _____
Parent/Guardian Signature (sign only in presence of a notary) Print Name Date Signed

In Presence of: _____
Notary Public for the State of GA

Commission Expires: _____