

First Baptist Church
P.O. Box 445 Park Hills, MO 63601

Participant: _____
Date: _____

HOLD HARMLESS AGREEMENT

SECTION I:

Please read this form carefully and be aware that in signing for and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant in church related activities, I recognize and acknowledge that there are certain risks of physical injury and damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waiver and relinquish all claims I may have as a result of participating in the programs against the First Baptist Church, Park Hills, and its officers, agents, servants, and employees. I do hereby fully release and discharge the First Baptist Church, Park Hills, and its officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss which I may have or which may occur to me on account of my participation in the programs.

I further agree to indemnify and hold harmless and defend the First Baptist Church, Park Hills, and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with activities of the program.

I have read and fully understand the above program details and waiver and release of all claims.

SECTION II: PARENT PERMISSION AND AUTHORIZATION FOR TREATMENT

We hereby give our consent for the above person to represent his/her church in church activities. We also give our consent for him/her to accompany the church on trips and will not hold the church responsible in case of accident or injury whether it be enroute to or from church sponsored activities or during said activity and we hereby agree to hold the church, its employees, agents, representative and volunteers harmless for any and all liability, action, causes of action, debts, claims, or demand of every kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the program of his/her church.

If we cannot be reached in the event of an emergency, we also give consent for the church to obtain through a physician or hospital of its choice, such medical care is reasonably necessary for the welfare of the child, if he/she is injured/sick in the course of church related activities. Our son/daughter is covered with medical/hospital insurance with:

(Name of Insurance Company) (Policy Number)

List of known allergies: _____

List all prescription drugs currently taken _____

Person to be contacted in case of emergency:

Parents or Guardian: _____

Home Phone _____ Office Phone _____

Cell Phone _____ Other Phone _____

(Parents/Guardians Signature)

(Parents Guardians Signature)

(Date)