

**PARENT/GUARDIAN PERMISSION FORM AND MEDICAL RELEASE FORM**  
**ONE VOICE CHOIR TOUR 2021**

I hereby grant permission for my child \_\_\_\_\_ to participate in ONE VOICE TOUR to Tallahassee, Florida & Orlando, Florida June 14-18, 2021 and I hereby agree to the following:

My child may travel in the care of First Baptist Church, Montgomery, Alabama.

I fully understand and acknowledge that: (a) risks and dangers exist in my child's participation and my child's participation in activities associated with such trip; (b) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes and I hereby accept and assume these risks and dangers.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify First Baptist Church, its agents, officers, guides and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of or in any way connected from my child's travel and/or participation in the activities incidental to this trip. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by First Baptist Church, its agents, officers and employees.

The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

**I HAVE READ THE ABOVE AND BY SIGNING IT AGREE TO THE TERMS AND CONDITIONS SET FORTH ABOVE.**

Mother's name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Father's name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date \_\_\_\_\_

Child's signature: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to attend and participate in **One Voice Choir Tour 2021 with First Baptist Church, Montgomery, AL , June 14-18, 2021**. We do hereby release, waive, and discharge any and all liability whatsoever past, present, or future, rising from any injury or damages whatsoever to my child or cause of action accruing or occurring to my child for any injury, damages, or claim which occur or accrue during this trip. Further, we do agree that First Baptist Church may secure medical attention for health care for my child when in the opinion of the responsible church officials, such attention or care is desirable or necessary.

Parent/Guardian Signature \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2021

\_\_\_\_\_ Notary Public.

My Commission expires \_\_\_\_\_

List any allergies: \_\_\_\_\_

Physical Conditions: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Physician name/ phone number \_\_\_\_\_

Insurance Co. /Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

# One Voice Choir Tour Covenant 2021

I covenant myself to the group, accepting responsibility for not only myself, but for other group members. I promise to act responsibly, to think about consequences, and to do nothing which would in any way reflect badly on the mission of this group, my obligation as a Christian, my home, my parents, and my church.

I promise that during the trip I will not have in my possession any smoking materials, any tobacco, any alcoholic beverages, or any illegal drugs. I understand that guys are not to be in girls' rooms and girls are not to be in guys' rooms and that I am not to leave my room after curfew for ANY reason. I understand that violation of smoking, tobacco, alcoholic beverages, illegal drugs, or room rules will result in my being sent home immediately. Any extra expense incurred will be paid by my parents.

More than not breaking any "rules," I pledge to try to have a positive attitude, to work hard, to participate in singing, worship, group times, and fun events. I also have read, understand, and support the purposes of our mission.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone Numbers** \_\_\_\_\_ **Day** \_\_\_\_\_ **Evening**

*In case you cannot be reached, whom should we contact?*

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_