## PARENT/GUARDIAN PERMISSION FORM AND MEDICAL RELEASE FORM

 to participate in **ONE HEART** 

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 maybe 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:					
with First Baptist Church, Mont and all liability whatsoever past of action accruing or occurring Further, we do agree that First	tgomery, AL from June 10 t, present, or future, rising g to my child for any injur Baptist Church may secu	to attend and participate in One Heart Choir Tour <b>10-14, 2024</b> . We do hereby release, waive, and discharge any ing from any injury or damages whatsoever to my child or cause jury, damages, or claim which occur or accrue during this trip. ecure medical attention for health care for my child when in the ion or care is desirable or necessary.			
Parent/Guardian Signature		List any allergies:			
SWORN TO AND SUBSCRIBED before me this		Physical Conditions:			
day of	, <b>202</b> 4	24 Prescriptions:			
	Notary Publi	ublic. Physician name/ phone number:			
My Commission expires		Insurance Co. /Phone:			
		 Policy #Group #			
		Home Phone :			
		Emergency Phone :			



## **One Heart Choir Tour Covenant 2024**

I covenant myself to the group, accepting responsibility for myself and other group members. I promise to act responsibly, to think about consequences, and to do nothing that 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 <u>ANY</u> reason. I understand that violation of smoking, tobacco, alcoholic beverages, illegal drugs, or room rules will result in my being sent home immediately. My parents will pay any extra expense incurred.

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

Student Name (Please Print)			
Student Signature		Date	
Parent Signature		Date	
Phone Numbers	Day		Evening

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

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

## First Baptist Church Montgomery, Alabama Children & Student Ministry Scholarship Form

To fulfill our mission to "Bring them in...Build them up...and Send them out," First Baptist Church provides scholarship assistance through the FBC Foundation for students who wish to receive assistance in order to participate in FBC sponsored camps and choir tours. This form is provided to help facilitate the process of obtaining financial assistance based on demonstrated financial need, and this information will be held in strict confidentiality.

Student Name:				
Parents Names:				
Address:				
Phone: Email:				
Event:				
Total Cost for Event:				
Financial Assistance Requested (please check one)				
50% 95% other amount				
Financial circumstances that have an affect on your family causing this need for assistance:				
Student Signature:				
Parent Signature: Date:				
Please return this form at least 2 weeks prior to the event:				
First Baptist Church Foundation Attn: Alissa Parrish 305 South Perry Street Montgomery, Alabama 36104				