PARENT/GUARDIAN PERMISSION FORM AND MEDICAL RELEASE FORM

I hereby grant permission for m CHOIR TOUR to Charleston ar		to participate in ONE VOICE lina and I hereby agree to the following:
My child may travel in the care of	of First Baptist Church, Montgor	mery, Alabama.
participation in activities associa	ted with such trip; (b) these risks of nature or other causes.	gers exist in my child's participation and my child's as, and dangers maybe caused by other participants, or Risks and dangers may arise from foreseeable or risks and dangers.
hold harmless, defend and inder claims, actions or losses for boo arise out of or in any way conne specifically understand that I am	mnify First Baptist Church, its a dily injury, property damage, wr cted from my child's travel and n releasing, discharging, and w	s hereby voluntarily agree to release, waive, discharge, gents, officers, guides and employees from any and all rongful death, loss of services or otherwise which may lor participation in the activities incidental to this trip. I raiving any claims or actions that I may have presently Baptist Church, its agents, officers, and employees.
The above agreement shall be b	oinding on my heirs, successors	s, assigns, administrators, and executors.
I HAVE READ THE ABOVE AN ABOVE.	D BY SIGNING IT AGREE TO	THE TERMS AND CONDITIONS SET FORTH
Mother's name (print)	Si	ignature
Father's name (print)	Signature	
Address:		
		ZIP
Child's name:	Age: _	Date:
Child's signature:		
with First Baptist Church, Montg and all liability whatsoever past, of action accruing or occurring	gomery, AL from June 8-15, 20 present, or future, rising from a to my child for any injury, dam Baptist Church may secure me	to attend and participate in One Voice Choir Tour D24. We do hereby release, waive, and discharge any any injury or damages whatsoever to my child or cause nages, or claim which occur or accrue during this trip. Indical attention for health care for my child when in the re is desirable or necessary.
Parent/Guardian Signature		List any allergies:
SWORN TO AND SUBSCRIBE	D before me this	Physical Conditions:
day of	, <u>2024</u>	Prescriptions:
	Notary Public.	Physician name/ phone number:
My Commission expires		Insurance Co. /Phone:
		Policy #Group #
		Home Phone :
		Emergency Phone :



One Voice Choir Tour Covenant 2024

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 <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. 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 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 (plea	se check one)
50%	95%	other amount
		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