PARENT/GUARDIAN PERMISSION FORM AND MEDICAL RELEASE FORM

I hereby grant permission for my child _____to participate in **Reflections Ensemble Mission Tour to Savannah, Georgia** 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 the Reflections Ensemble Mission Tour with First Baptist Church, Montgomery, AL from March 19-23, 2025**.** 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 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 _____, **2025**

_____Notary Public.

My Commission expires _____

List any allergies:_____

Physical Conditions: _____

Prescriptions: _____

Physician name/ phone number:_____

Insurance Co. /Phone: _____

Policy #_____Group #_____

Home Phone : _____

Emergency Phone :_____