PARENT/GUARDIAN PERMISSION FORM AND MEDICAL RELEASE FORM

I hereby grant permission for my child	to participate in ONE VOICE wing:
My child may travel in the care of First Baptist Church, Montgo	•
I fully understand and acknowledge that: (a) risks and dan participation in activities associated with such trip; (b) these ris or by accidents, or by the forces of nature or other causes unforeseeable causes, and I hereby accept and assume these	gers exist in my child's participation and my child's sks, and dangers may be caused by other participants, Risks and dangers may arise from foreseeable or
I, on behalf of myself, my personal representatives and my heir hold harmless, defend and indemnify First Baptist Church, its a claims, actions or losses for bodily injury, property damage, we arise out of or in any way connected from my child's travel and specifically understand that I am releasing, discharging, and we or in the future for the negligent acts or other conduct by First E	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 vaiving any claims or actions that I may have presently
The above agreement shall be binding on my heirs, successors	s, assigns, administrators, and executors.
I HAVE READ THE ABOVE AND BY SIGNING IT AGREE TO ABOVE.	THE TERMS AND CONDITIONS SET FORTH
Mother's name (print)S	ignature
Father's name (print)	Signature
Address:	
City	710
onyState	ZIP
Child's name: Age:	
	Date:
Child's name: Age:	to attend and participate in One Voice Choir Tour to attend and
Child's name: Age: Age: Age: Child's signature: I hereby give my permission for with First Baptist Church, Montgomery, AL from June 7-14, 20 and all liability whatsoever past, present, or future, rising from a of action accruing or occurring to my child for any injury, dam Further, we agree that First Baptist Church may secure med	to attend and participate in One Voice Choir Tour to attend and
Child's name: Age: Age: Age: Child's signature: I hereby give my permission for with First Baptist Church, Montgomery, AL from June 7-14, 20 and all liability whatsoever past, present, or future, rising from a of action accruing or occurring to my child for any injury, dam Further, we agree that First Baptist Church may secure med opinion of the responsible church officials, such attention or can	to attend and participate in One Voice Choir Tour 025. 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. ical attention for health care for my child when in the re is desirable or necessary.
Child's name: Age:	to attend and participate in One Voice Choir Tour 025. 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. ical attention for health care for my child when in the re is desirable or necessary. List any allergies:
Child's signature: Age: Age: Age: Child's signature: I hereby give my permission for with First Baptist Church, Montgomery, AL from June 7-14, 20 and all liability whatsoever past, present, or future, rising from a of action accruing or occurring to my child for any injury, dam Further, we agree that First Baptist Church may secure med opinion of the responsible church officials, such attention or car Parent/Guardian Signature SWORN TO AND SUBSCRIBED before me this	to attend and participate in One Voice Choir Tour 025. 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. ical attention for health care for my child when in the re is desirable or necessary. List any allergies: Physical Conditions:
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Child's name:	
Child's signature:	to attend and participate in One Voice Choir Tour 025. 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. ical attention for health care for my child when in the re is desirable or necessary. List any allergies: Physical Conditions: Prescriptions: Physician name/ phone number: Insurance Co. /Phone:



One Voice Choir Tour Covenant 2025

I covenant myself to the group, accepting responsibility for myself and other group members. I promise to act responsibly, think about consequences, and do nothing that would in any way reflect badly on this group's mission, 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, work hard, and 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, whon	n 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