

PARENT/GUARDIAN PERMISSION FORM AND MEDICAL RELEASE FORM

I hereby grant permission for my child _____ to participate in **Reflections Ensemble Mission Tour to Knoxville, Tennessee**, 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 18-22, 2026**. We do hereby release, waive, and discharge any and all liability whatsoever, past, present, or future, arising 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 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 _____, **2026**

_____ Notary Public.

My Commission expires _____

List any allergies: _____

Physical Conditions: _____

Prescriptions: _____

Physician name/ phone number: _____

Insurance Co. /Phone: _____

Policy # _____ Group # _____

Home Phone : _____

Emergency Phone : _____

Reflections Knoxville, TN Covenant 2026

I covenant myself to the group, accepting responsibility not only for myself but also for 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, tobacco, alcoholic beverages, or 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 violating smoking, tobacco, alcoholic beverages, illegal drugs, or room rules will result in my being sent home immediately. Any extra expenses incurred will be paid by my parents.

More than not breaking any "rules," I pledge to maintain 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, whom should we contact?

Name _____ **Phone** _____

First Baptist Church, Montgomery, Alabama Student Ministry Scholarship

To fulfill our mission to *Bring them in...Build them up...and Send them out*, First Baptist Church provides scholarship assistance for students who wish to participate in mission trips, retreats, camps, workshops, and choir tours. Understanding that there are circumstances that call for the church to provide financial help, this form is provided to facilitate this process.

Student Name _____

Parent Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Event _____ Date of Event _____

Total Cost for Event _____

Financial Assistance Requested (please check one)

100% _____ 50% _____ other % _____ (amount needed)

I will be willing to contribute some community service hours through the Caring Center or another ministry area of First Baptist Church. _____ Yes

I am NOT willing to contribute some community service hours through the Caring Center or another ministry area of First Baptist Church. _____ No

Student Signature _____

Parent Signature _____ Date _____

Please return this form as soon as possible to:

First Baptist Church
Attention: Music Ministry
305 South Perry Street
Montgomery, Alabama 36104

**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