

First Baptist Church

IncrediKids Day Camp 2026 Medical Release Form

Student's Name: _____

Parent(s)/Guardian: _____ Emergency Phone: _____

Allergies to Medication: _____

Allergies to Food: _____

Medical Conditions: _____

Prescription Medications: _____

Physician Name: _____ Physician Phone: _____

Insurance Company: _____

Insurance Company Phone: _____ Policy #/Group #: _____

I hereby give my permission for _____ to attend and participate in First Baptist Church's IncrediKids Day Camp, **June 2 through June 4, 2026** at Camp Chandler in Wetumpka, AL. 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 do 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.

Signature of Parent/Guardian: _____ Date: _____

Notary Public: _____ My commission expires: _____

**YMCA OF GREATER MONTGOMERY – CAMP CHANDLER
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services and programs of The Young Men's Christian Association of Montgomery, Inc. ("YMCA"), the undersigned, on behalf of himself or herself and his or her heirs, personal representatives and next-of-kin, does hereby agree to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the Releasees) from any and all claims, demands, damages, actions, causes of actions, or suits of whatever kind or nature arising or resulting from any loss or damage to property or injury or death to person, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur, whether caused by the negligence of the Releasees or otherwise, due to his or her presence in, upon, or about the premises of the YMCA or use of its facilities, services or equipment, or participation in any program or activity offered by or affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY EXPRESSLY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with the YMCA.

In the event of injury, the undersigned hereby authorizes the Releasees to provide or cause to provide such medical care and treatment to him or her as may be necessary and appropriate. The undersigned understands that he or she is solely responsible for all costs incurred for such medical care or treatment.

The undersigned hereby gives his or her permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include the image or voice of the undersigned for the purpose of promoting or interpreting YMCA programs and activities.

I HAVE READ AND VOLUNTARILY SIGN THIS FORM AND AGREE TO ITS TERMS.

Signature of Participant

Date

Parent or Guardian of Minor Child or Ward

I, as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in any program or activity offered by or associated with the YMCA and further agree, individually and on behalf of said minor or ward, to be bound by all of the terms set forth above.

Signature of Parent or Guardian

Date

**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 aims to help any student participate in special events and opportunities. This form is for events not covered by the FBC Foundation Scholarship Form (such as choir tours, mission trips, and camp settings). It cannot be used in conjunction with the FBC Foundation Scholarship. This form is designed to assist in obtaining financial assistance based on demonstrated financial need. All information provided will be kept strictly confidential.

Student Name: _____

Parents Names: _____

Address: _____

Phone: _____ Email: _____

Event: _____

Total Cost for Event: _____

Financial Assistance Requested (please check one) 95% is the largest amount of scholarship awarded.

25% _____ 50% _____ 95% _____ other amount _____

Financial circumstances that influence your family causing this need for assistance:

Parent Signature: _____ Date: _____

Please return this form at least 2 weeks prior to the event:

To the office hosting the event