

Release Form

(under 18 years of age)

(This form is valid from January 1, 2025 to December 31, 2025)

I promise to obey the rules and regulations of FBCFW and will cooperate with the leaders and participants.

Name _____ Email Address: _____

Address _____ City _____ ST _____ Zip _____

Birthdate ___/___/___ Grade Completed _____ Gender: Male Female SS# (ins. purposes only) _____

Parent's/Legal Guardian's Name: _____

Home Phone (____) _____ Cell (____) _____ Work (____) _____ Email _____

Dr.'s Name: _____ Ph #: _____

Please do not send your child/youth to the event if they have a fever or illness. The other participants could be in danger of contracting the illness. **If your child has any significant health issues or newly developed concerns after turning in this form, please bring a report on the day of departure for camp detailing care and/or limitations.**

IMMUNIZATIONS: DATES ARE REQUIRED

Polio(Date)_____ DPT(Date)_____ Measles(Date)_____ Mumps(Date)_____ Rubella(Date)_____ Tetanus (Date)_____

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary)

Age _____ Height _____ Weight _____ Allergies: _____

*All medications must be given to the nurse. Place them in a large Ziploc bag with your child's name on it. Prescriptions must be in the original container with the camper's name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2). The medication must be registered with the nurse. One (1) will be kept and closely guarded by child/youth and one (1) given to the nurse. Similar special cases must be discussed with nurse. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand FBCFW's Notice of Privacy Practices uses and disclose health information about my child/youth to the employee's, director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I give my permission for the nurse to give the over-the-counter medications I have circled in accordance with standard label directions:

None Tylenol Ibuprofen Antihistamine Decongestant Cough Medicine Anti-Nausea Anti-Diarrhea

I hereby authorize the FBCFW staff, nurse or directorship to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage.

Insurance in Name of: _____ Company _____

Insurance Policy # _____ Phone # _____ **Please send a copy (front and back) of Insurance Card**

Address _____ City _____ ST _____ Zip _____

If parent cannot be reached in an emergency, please contact:

Name _____ Phone # _____ Relationship _____

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Name of Medication	Dosage	Frequency / Time(s)	Comments

All medications should be listed whether Over the Counter or Prescriptions. If your child/youth takes it with food or after lunch or needs other special instructions, please note. If your child/youth has difficulty taking medication, please attach a note and tell the nurse the best way to get the child/youth to take the medication. Attach separate sheet if additional space is needed.

I, the undersigned parent or guardian, hereby consent to my child/youth participating in events during the 2023 calendar year. I certify that my child/youth is able to participate in all activities including but not limited to: Swimming pool activities including slides and diving board, lake activities including boating, tubing, blobbing, water zip line, aqua swings, also archery, Ga-Ga Ball, zip line, fishing, hiking, paintball, all field sports including, but not limited to softball, baseball, soccer and volleyball.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless First Baptist Church Fort Worth, and their officers, directors, agents, employees, volunteers and representatives (the "Indemnified Parties") from and against any and all liability, damages, actions, cause of action, claims, losses and/or expenses, including but not limited to attorney's fees, court costs and expenses, arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of the Group, regardless of whether or not caused in whole or in part by the negligence of the indemnified parties, or any one or more of them. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties. I understand that part of the experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I further give permission and consent to FBCFW for any photographs, videotapes and interviews to be taken during the event to be published and used to illustrate, report, promote and advertise including on the Internet Web Sites promoting or reporting on the church. I hereby assign full copyright of these photographs to FBCFW with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against FBCFW or any of their employees related to any actions of FBCFW taken in accordance with this paragraph.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Tarrant County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against FBCFW, which is decided in favor of FBCFW, I will be responsible for all legal fees, court costs and out-of-pocket expenses of FBCFW, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read, understood, and accept.

Signature of parent or legal guardian: _____ Date: _____