

# MEADOWBROOK BAPTIST CHURCH

## CONSENT AND RELEASE FORM

Youth Mission Trip to Gulf Coast Mission Trip including Louisiana and the  
Alabama Gulf Coast  
June 24<sup>th</sup> – July 1<sup>st</sup> 2006

I, the undersigned parent or guardian, hereby consent to my child,

\_\_\_\_\_, who is \_\_\_\_\_ years of age, participating in the activities connected with the Youth Mission Trip to the Gulf Coast by Meadowbrook Baptist Church on Saturday, June 24 – Saturday, July 1, 2006. I certify that my child is able to participate in these activities, including sports. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, Rick Deerman, to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

### Medical History

Medical Conditions to Be Aware of: \_\_\_\_\_

\_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

\_\_\_\_\_

Instructions and Medications: \_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus or Booster: \_\_\_\_\_

I Do Not Wish My Child To Participate In The Following: \_\_\_\_\_

\_\_\_\_\_

### Telephone Numbers Where I May Be Reached In an Emergency:

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I hereby give Meadowbrook Baptist Church permission to have my child treated in case of an accident.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Meadowbrook Baptist Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

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 Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. 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. I am expecting my child to be obedient to all leadership and I understand that if my child does not behave I will be expected to come and pick him or her up. There will not be any drugs, alcohol, tobacco, fireworks, or weapons of any kind allowed on this trip. If my child is caught with one or more of these items I will be immediately called to come get my child. This is a legally binding agreement, which I have read and understand.

\* Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\* Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF ALABAMA  
ETOWAH COUNTY

I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that \_\_\_\_\_, whose name(s) \_\_\_\_\_ signed to the foregoing conveyance, and who \_\_\_\_\_ known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, \_\_\_\_\_ executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this \_\_\_\_\_ day of, \_\_\_\_\_, 2004.

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Notary Public

My Commission Expires: