

Activity: Over Night Trip to Pigeon Forge, TN
BEBA YEC Conference

TEENAGE YOUTH GROUP
FIRST BAPTIST CHURCH OF ROCKWOOD
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

Note: From this point on Rockwood First Baptist Church will be identified by RFBC.

1. I, The lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity or activities described, in the attached brochure and form, and release from all liability and indemnify the RFBC, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of injury or illness incurred by my child while participating in or traveling to or from the activity.
2. I agree to instruct my child to cooperate with the RFBC or its agents in charge of the activity.
3. Power of Attorney
 - a. I appoint the RFBC or its agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
 - i. To give any and all consent and authorization to any physicians, dentists, hospital or other persons or institutions pertaining to any emergency medications, medical or dentist treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.
 - ii. I understand that the agents of the RFBC will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
 - b. The power of attorney shall lapse automatically upon completion of the activity and related travel.
4. I agree that the RFBC or its agents may use my child's portrait or photograph for promotional purposes and office functions.
5. 18 Years and Older
I, _____, am a willful participant in the activity or activities described, in the attached brochure and form, and release from all liability and indemnify the RFBC, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of injury or illness incurred by myself while participating in or traveling to or from the activity.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent, Guardian or Participant: _____ Date: _____

Child or Participants Information:

911 Address: _____ City/State: _____ Zip: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____ Parent/Guardian Phone: _____

Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION

Completed by Parent or Guardian – Please Print

Child's or Participants Name: _____ Birth Date: _____

Allergies: _____

Medications: _____

Chronic Conditions (e.g. epilepsy, diabetes): _____

Medical Insurance Co.: _____

Insurance Co. Address: _____

Members Name: _____ Home Phone: _____ Work Phone: _____

Family Doctor: _____ Phone: _____