

First Baptist Ferguson
Parent/Guardian Consent and Medical Release Form

I, _____, am the parent or legal guardian

(Please print your full name)

of _____, and I give my consent for my child to participate in all the activities during the week of Upward, June 5-9, 2017, at First Baptist Ferguson, in Ferguson Missouri. I understand that some events will have a higher activity and could possibly be a risk of injury to my child.

Signature of Parent or Guardian Date

I request a physician to examine _____, and to give any needed attention if First Baptist Ferguson cannot reach me during an emergency. I request that measures be instituted without delay as the judgment of medical personnel dictates at my own expense.

Signature of Parent or Guardian Date

In case of an emergency, I can be reached by phone at _____, or at

If I cannot be reached, please contact:

Name _____ Phone _____

Name _____ Phone _____

Authorization and Release of Liability

I, the parent or guardian of the above named child, authorizes the participation of my child in the Upward program at First Baptist Ferguson. I understand this is a non-profit Christian program and that my child's participation is voluntary. I understand that the program is conducted by the church and its volunteers and staff, including parents of other participating children. I also understand that the church is solely responsible for all aspects of the program including selecting and supervising persons conducting the program. On behalf of my child and me as parent/guardian, I hereby release; discharge, hold First Baptist Ferguson, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the program as to any and all claims of my child, me and other family members for personal injuries suffered by my child while participating in this program.

Signed _____ Date _____