

SOUTHSIDE BAPTIST CHUCH MEDICAL WAIVER/RELEASE FORM

Event: **Winter Jam 2018 at Amalie Arena (Tampa)** Date(s): **January 13, 2018**

NOTICE: This form must be completed and brought to the event for anyone under the age of 18 in order to participate. This form must be signed by a parent or guardian.

Student's Information

Last	First	MI	DOB
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Street Address	City	State	Zip
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Parent/Guardian Information

Name	Relationship	Contact Number
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As parent/guardian of the above mentioned, I hereby give permission for my child to participate in the above activity conducted, sponsored, and/or organized by Southside Baptist Church (415 W. Lumsden Rd, Brandon, FL) Youth or Children's Ministries. I understand that my child will be riding in a vehicle other than my own, including, but not limited to, church van/bus, employee vehicle, or volunteer vehicle. Therefore, I hereby agree to hold Southside Baptist Church, including the Youth or Children's Ministries office, its employees, representatives and agents, harmless from and against any and all claims, demands, liabilities, actions, causes of action, damages and/or expenses, of any nature and kind and without limitation, arising from personal injuries to my child or property damage, either resulting directly or indirectly from my child's participation in the Youth or Children's Ministries' event or activity. I hereby acknowledge that I assume the risk of any and all personal injury or property damage that may occur to my child, that I will hold Southside Baptist Church completely and totally harmless concerning any such injury or damage, that I hereby waive any cause of action or right to cause of action that I might have against Southside Baptist Church or that might thereafter accrue as a result of such injury or damage. In the event my child is injured or becomes ill during this event or activity, I hereby grant permission for (1) the Event Administrator, (2) any employee or representative, or (3) the person(s) in charge of First Aid to obtain and/or provide for my child necessary medical attention and treatment, including but not limited to emergency medical care provided by a hospital, medical clinic, or other emergency health care provider.

I also understand that my child's picture/video may be taken in the course of this event. I understand that my child's picture/video can/will be used in the following areas, including, but not limited to, social media, promotional materials, church website, etc.

I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents, and acknowledge that the various information provided throughout this document is accurate and complete. I further acknowledge and verify that I have full legal authority to execute this document and that there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity.

Signature of Parent or Guardian

Date