



**PERMISSION RELEASE FORM
PARTICIPANT/PARENT/GUARDIAN WAIVER AND INDEMNITY AGREEMENT**

This is to verify that _____ has my permission to attend the First Baptist Church of Sayre (COLLIDE FBC Sayre Students) activities for the 2020-2021 calendar year.

In consideration of your accepting me or my child for participation in the activities of the above mentioned group, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization. By signing below, I acknowledge and accept the risks of physical injury associated with participation in student ministry events. Except for gross negligence on the part of the sponsor, I accept personal financial responsibility for any bodily or personal injury sustained during all activities.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization for damages arising out of the activities, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney's fees. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through mutually acceptable arbitration.

I have read and understood this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

I also grant my permission for my son/daughter to receive medical treatment deemed necessary by a licensed physician.

Name of Participant: _____ Date of Birth: _____

Address: _____

Phone _____ Name of Emergency Contact: _____

Emergency Phone Numbers: _____

(day)

(evening)

(mobile)

Allergies: _____

Insurance Company _____ Policy # _____

Insurance Phone # _____ Contact Within _____ hours

Parent Signature: _____ Date _____

Parent Printed Name: _____

(Must Sign in Presence of Notary)

Witnessed By: _____ Date _____

Notary Public

Commission Expires: _____

Commission #: _____

**COUNTY
STATE**