

# Permission and Medical Release Waiver

Dear Parent or Guardian:

First Baptist Church Jacksonville requires permission for any registrant under the age of 18 to participate in the Student Ministry Victory Weekend. During this event, students will participate in a SERVE Project which will include but is not limited to clearing out storage spaces on church premises, moving boxes, furniture, and/or other decorations to various locations, deep cleaning Student Ministry areas, etc. Our hope is that Students will be encouraged to take ownership and pride over their regular meeting locations and church facilities while developing an outlook of stewardship for God's good gifts.

In accordance with First Baptist's policy, all minors participating in the Victory Weekend SERVE Project must sign and submit this Permission and Medical Release Waiver at registration for the event.

First Baptist Church Jacksonville

## **Student Ministry Victory Weekend**

Friday, September 18, 2020 — Saturday, September 19, 2020

125 West Ashley Street

Jacksonville, Florida 32202

I verify that (*print minor's name*) \_\_\_\_\_ is currently \_\_\_\_\_ years of age and I, (*print parent's/guardian's name*) \_\_\_\_\_ give permission for him/her to participate in First Baptist's activity at the above location.

**This permission slip is valid through September 19, 2020.**

By my signature below, I do release and indemnify, defend and hold harmless, First Baptist Church Jacksonville from and against any and all claims, actions, suits, or proceedings of any kind or nature arising as a result of the actions of my child.

I hereby assume all of the risks of participating and/or volunteering in this activity or event, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I also release the pastors and staff of First Baptist Church Jacksonville, without limitations, from damages, liabilities, penalties, costs, expenses, legal fees, and claims.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

Please print the following information:

Parent or Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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