

# First Baptist Middleburg 2025 Medical and Liability Release Form

Participant's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt./Unit # City State Zip

Participant's Cell # (Optional) \_\_\_\_\_ Participant's Email (Optional) \_\_\_\_\_

School \_\_\_\_\_ Current Grade (or Grade Completed If Before Aug. 1) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Cell # \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

## Please initial if you agree to the following:

\_\_\_\_\_ I will allow my child to be treated with over-the-counter medications for minor illnesses such as headache, diarrhea, etc. (i.e., Tylenol, Pepto-Bismol, Aloe Vera, etc.)

**Check box if your child has any known allergies, illnesses, special needs, or medications used and list on the back of this form.**

## To whom it may concern:

We hereby give our permission for \_\_\_\_\_  
Participant's Name

to attend and participate in *ALL ACTIVITIES* sponsored by *FIRST BAPTIST MIDDLEBURG* from January 1 to December 31, 2025.

I understand that as a participant, my child may be photographed or videoed during event activities, and these photos/videos may be posted on *FIRST BAPTIST MIDDLEBURG*'s social media pages.

We agree to hold harmless and indemnify *FIRST BAPTIST MIDDLEBURG*, its directors, employees, and agents, for any liability sustained through the willful, intentional, or negligent acts of the participant. Furthermore, we assume all risk for ourselves, or our child, of personal injury, sickness, death, damage, and expenses as a result of participation in the activities sponsored through the *MINISTRIES OF FIRST BAPTIST MIDDLEBURG*.

We hereby authorize any adult in whose care the minor has been entrusted, to consent to any and all types of medical diagnosis and/or treatment, and/or hospital care. We assume responsibility for any medical bills incurred. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we hereby assume all transportation costs.

## **IMPORTANT - MUST BE SIGNED IN PRESENCE OF NOTARY**

\_\_\_\_\_ Date \_\_\_\_\_ Cell # \_\_\_\_\_  
Parent or Guardian Signature

## NOTARY INFORMATION

***The following is to be completed by the notary witnessing parent/guardian's signature.***

The State of Florida, The County of \_\_\_\_\_

The foregoing instrument was acknowledged before me via physical presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_  
Parent or Guardian Printed Name

Personally Known \_\_\_\_\_ OR Identification Produced \_\_\_\_\_

Notary Seal:

Notary Public, Signature \_\_\_\_\_

List below any known allergies that your child has.

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List below any known illnesses, medical difficulties, or special needs that your child has.

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List below any prescription or over-the-counter medications that your child is currently taking.

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