

8. If applicable, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. **Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.**

9. For your information, we expect each student to conform to these rules of conduct as well as any other expectation communicated verbally or in writing for each event:

- | | |
|--|---|
| No possession or use of alcohol, drugs, or tobacco | No students can drive during events |
| No fighting, weapons, fireworks, lighters, or explosives | Respect property |
| No offensive or immodest clothing | No boys in girls' sleeping quarters' |
| No girls in boys' sleeping quarters' | Full participation with the group |
| Respect one another, staff, and adult leaders | Respect and comply with event schedules |

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal expectations and code of conduct.

Student Signature: _____ Date: _____

Parents, your signature below indicates that the above information is true & correct to the best of your knowledge and that you agree to and will abide by the following:

CONSENT TO PHOTOGRAPH: I agree that photos and or video may be taken of my student and used in future publicity of FBCS events, other written materials or social media.

CONSENT TO MEDICAL TREATMENT: In the event a Parent or Guardian cannot be reached in an emergency, I hereby give permission to a licensed physician, dentist or other health care provider selected by the authorized representative of First Baptist Church Sweetwater to provide medical treatment for my child deemed medically necessary, including but not limited to hospitalization, injections, medication, anesthesia, and surgery.

RELEASE OF LIABILITY AND INDEMNITY: I AGREE TO ACCEPT AND TO ASSUME FULL RESPONSIBILITY FOR ALL RISKS AND HAZARDS INHERENT IN AND ASSOCIATED WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES BY MY SON OR DAUGHTER. I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE CHURCH AND EACH OF ITS EMPLOYEES, OFFICERS, REPRESENTATIVES AND VOLUNTEERS AGAINST ANY LIABILITY, COST, LOSS, CLAIMS AND ACTIONS, INCLUDING NEGLIGENCE, BASED UPON OR SUSTAINED IN CONNECTION WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES. THE UNDERSIGNED UNDERSTAND THAT THEY ARE SIGNING THIS MEDICAL CONSENT, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT IN BEHALF OF MY SON OR DAUGHTER.

Parent /Guardian Signature: _____ Date: _____

Notary Information

State of _____ County of _____

I certify that this person is known to me.

Identity verified via _____
State & Number

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____

Notary Signature _____

Stamp / Seal