



# Full Gospel Baptist Church Fellowship International Youth & Young Adult Division CONSENT/LIABILITY FORM

To Whom It May Concern:

I (We) the parent/legal guardian do hereby give permission for our/my child \_\_\_\_\_,

To attend and participate in activities and events sponsored by the Full Gospel Baptist Church Fellowship International, specifically its International Youth Conference 2008 on June 25-27, 2008 in Birmingham, Alabama. In allowing my child to attend this conference, I agree to enforce and encourage my child to follow the rules and regulations set out by the Full Gospel Baptist Church Fellowship International. All youth are to be released into the hands of a qualified chaperone. I (We) understand that no youth will be allowed to freely roam without a chaperone, nor will they be released until the set time for their session(s) to end. Youth are to be escorted by chaperones, AT ALL TIMES.

We (I) authorize an adult chaperone, in whose care the youth has been entrusted, in the event of an emergency to consent to any X-Ray examination, anesthetic, medical, surgical diagnosis, or treatment and hospital care, to be rendered to the minor under the general supervision and on the advise of any physician under provision of the Medical Practice Act on the medical staff of a licensed hospital.

I, the parent/guardian will be liable and agree to pay all cost and expenses incurred in connection with such medical services rendered to my child. Should it become necessary for our/my child to return home due to medical reasons or otherwise, I the parent/guardian agree to assume all transportation cost.

I, the parent/guardian do also give permission for my/our child to ride in any vehicle designated by the adult chaperone in whose care the minor has been entrusted while attending and participating in activities sponsored by the Full Gospel Baptist Church Fellowship International, International Youth Conference 2008.

I, the parent/legal guardian do hereby release, forever discharge and agree to release the Full Gospel Baptist Church Fellowship International and the directors thereof from any and all liability, claims, or demands.

Hospital Insurance Coverage:    Yes                      No

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Main/Primary Holder: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Medication/Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current Medication: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chaperone/Ministry Representative

\_\_\_\_\_  
Date

**Full Gospel Baptist Church Fellowship International**  
**MEDICAL TREATMENT RELEASE FORM**

As a parent/guardian, I do hereby authorize the treatment of named minor, by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_  
Address of Minor: \_\_\_\_\_ City/State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone/Emergency Phone: \_\_\_\_\_

Printed Name of Parent/Guardian(s): \_\_\_\_\_

**In case of emergency, contact:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician Address: \_\_\_\_\_ City/State: \_\_\_\_\_

List allergies, medication, or other medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other medical conditions that you should be aware of, are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance: Policy Holder's Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Group #: \_\_\_\_\_  
Company: \_\_\_\_\_

Reason for which release is intended: FGBCFI International Conference, Birmingham, Alabama

This release form is completed and signed on my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

This form must be completed for your child(ren) to travel with the \_\_\_\_\_ (local ministry).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian(s)

**Full Gospel Baptist Church Fellowship International  
Permission and Release Agreement**

We, the undersigned parents and/or legal guardians of \_\_\_\_\_, hereby agree that \_\_\_\_\_ will participate in the \_\_\_\_\_ (event) to be held on \_\_\_\_\_ (date). We give permission for our child to ride in church vans, buses, or vehicles driven by qualified adult drivers. We realize that our child may be injured and therefore, in order that our child may participate, agree as follows: We agree that neither Full Gospel Baptist Church Fellowship International (FGBCFI), nor any contributor of the event, their members, employees, agent, sponsors, officers, directors, or officials will be held responsible for any injuries that our child might incur in conjunction with the above event.

We release and forever discharge FGBCFI and any contributor of the event, their members, employees, agents, sponsors, officers, directors, or officials from any injury that our child might incur, including death, and from any and all claims, demands, damages, actions, and causes of action whatever kind and nature which might occur. As further consideration for allowing our child to participate in this event, we further agree to indemnify and hold harmless FGBCFI, and any contributor of the event, their members, employees, agents, sponsors, officers, directors, or officials from any claims or actions and costs, brought by us or any other party on our behalf on account of any claims, damages, actions, and causes of action of whatever kind and nature arising out of the aforesaid event.

THIS IS A RELEASE. PLEASE READ CAREFULLY BEFORE SIGNING.

WE HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS PROVISIONS:

Signature of Parent(s)/Legal Guardian(s)	Date
Printed Name of Parent(s)/Legal Guardian(s)	Date
Signature of Child	Date

Here are some common questions about the need for these release forms for your child for FGBCFI activities:

- Q: Why are these forms needed in the first place?**
- A: These forms ensures the protection of the ministry, any staff, or volunteers that are involved, as well as the youth participating in the event, program, and/or activity.
- Q: Who can I talk to if I have more questions about this?**
- A: Please feel free to visit, call, or email the FGBCFI Youth & Young Adult Division at your convenience. Their contact information is listed below.

FGBCFI International Youth & Young Adult Division  
General Overseer Christopher J. Harris  
612 Norwalk Street  
Greensboro, NC 27408  
336.294.2628 (Church) / 336.294.4996 (Fax)  
fgyouth@aol.com