



Full Gospel Baptist Church Fellowship International Children & Youth Zone 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. 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 advice 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.

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