

KERNAN BAPTIST FORM/LIABILITY WAIVER

State of Florida 2014

Release and Indemnification

I, the undersigned parent of _____,
hereby consent to my child's participation in all Kernan Boulevard Baptist Church related
activities and events within the state of Florida for the year _____.

I hereby release and indemnify Kernan Boulevard Baptist Church, their affiliates, agents,
officers, supervisors, and employees ("herein referred to collectively as the "Church") from and against
any and all claims for property damages or personal injuries which my child may sustain by reason of
any act or omission constituting negligence on the part of the Church. I further agree to indemnify and
defend the Church against any and all claims for property damages or personal injuries which a third
party may sustain by reason of any act or omission of my child.

I hereby authorize the Church to permit my child to receive any medical care which my child
may require in connection with the subject activity. I further acknowledge my exclusive liability for
payment of any and all hospital, medical, and other healthcare and incidental expenses which my child
may require in connection with the subject activity, and I hereby covenant to hold harmless and
indemnify the Church against any liability therefore. In this regard, I agree to provide my child with a
copy of his insurance card or information for presentation to the appropriate persons or providers
during the subject activity.

I acknowledge my authority to execute this release and indemnification agreement on my own
behalf and on the behalf of any other parent or guardian of my above-named child. This is the
_____ day of _____ in the year _____.

Signature of Parent

Home Phone _____

Work Phone _____

Cell Phone _____

Other Emergency Contact Information:

Name _____ Phone _____

Emergency Medical Care Release Information

Child's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____

Last Tetanus Shot _____ May Tylenol be given to your Child? _____

Any Allergies? _____

Current Medications? _____

Medical Allergies? _____

Disabilities? _____

Special Physical Needs? _____

Physicians Name _____ Phone Number _____

Additional person(s) to contact in case of Emergency

Name _____ Phone Number _____

Name _____ Phone Number _____

Note: If Child brings prescription medications to be taken while on trip prescription bottle must be used for transporting medications. Full written instructions should be on the prescription bottle. PLEASE INFORM PERSON IN CHARGE OF TRIP THAT YOU HAVE MEDICATION WITH YOU.

Insurance Information:

Name of Insured _____

Relationship to Child _____

Place of Employment _____

Insurance Company Name _____

Group Number _____ Policy Number _____

Insurance Company Address _____

Insurance Company Phone Number _____

1* Check here if child is on Medicaid.

Medicaid Number _____