

# KERNAN BAPTIST FORM/LIABILITY WAIVER

## State of Florida 2016

### 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 \_\_\_\_\_