

## TRAVEL PERMISSION AND RELEASE OF LIABILITY

I am the legal guardian or parent of \_\_\_\_\_,  
(hereinafter my child). I hereby give permission for my child to participate in STUDENT  
LIFE @ THE BEACH (Event), which will require travel to ORANGE BEACH, AL (Location),  
JULY 13<sup>TH</sup> - JULY 17<sup>TH</sup> (date), with First Baptist Church - Celina and its sponsors for this  
event.

IN CONSIDERATION FOR MY CHILDS PARTICIPATION IN THIS TRIP, I, THE  
UNDERSIGNED, DO HEREBY RELEASE AND FOREVER DISCHARGE THE FIRST  
BAPTIST CHURCH - CELINA, ITS AGENTS, EMPLOYEES AND ITS AUTHORIZED  
REPRESENTATIVES, INCLUDING ANY AND ALL SPONSORS PARTICIPATING IN THIS  
EVENT, FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF  
ACTION, INCLUDING WITHOUT LIMITATION NEGLIGENCE, WHICH MAY ARISE OUT  
OF ANY DAMAGE OR INJURY TO MY CHILD WHILE PARTICIPATING IN THIS EVENT,  
INCLUDING WITHOUT LIMITATION, TRAVEL TO AND FROM THE EVENT  
DESTINATION.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

## MEDICAL PERMISSION AND RELEASE

In the event of sickness or injury to my child during the above-described event, I  
hereby give permission for my child, \_\_\_\_\_, to  
receive emergency treatment and/or medication. I hereby grant permission to Todd  
Hollingsworth, Student Pastor, or other adult sponsors, or agents of First Baptist Church -  
Celina, to obtain necessary medical treatment and/or medication in the event of injury to my  
child.

Insurance Carrier: \_\_\_\_\_

Phone: \_\_\_\_\_ Group Name/No.: \_\_\_\_\_

Certificate No.: \_\_\_\_\_ Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

Parents of Child: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian