**PERSONAL RELEASE FROM LIABILITY FOR NEGLIGENCE AND MEDICAL CONSENT FORM FOR ACTIVITIES THROUGH THE MINISTRY PROGRAMS OF FIRST BAPTIST CHURCH, CLINTON, TENNESSEE**

As a participant in this ministry program, I will hold First Baptist Church of Clinton, their employees and volunteer leaders harmless with regard to liability for negligence during my participation in this activity. I understand that my youth, designated below, is expected to obey all rules and regulations which will be stated prior to the event. In case of serious violation of any rules and/or regulations, I understand I may be contacted and will be expected to make arrangements including any expenses for my youth to return home.

DATE:_____ ACTIVITY_____

PARTICIPANT_____
DATE OF BIRTH_____ AGE_____
ADDRESS_____
PHONE #_____

EMERGENCY CONTACT(s)
1)NAME_____ 2)NAME_____
HOME PHONE_____ HOME PHONE_____
WORK PHONE_____ WORK PHONE_____

DATE OF LAST TETANUS SHOT_____/_____/_____
ALLERGIES_____
MEDICATION TAKEN ON A REGULAR BASIS_____
_____
HEALTH CONDITIONS/LIMITATIONS/PROBLEMS_____
_____
PERSONAL
PHYSICIAN_____ADDRESS_____PHONE#_____
INSURANCE COMPANY/POLICY NUMBER_____ GROUP NUMBER_____

I understand that First Baptist Church of Clinton carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the Church's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the policy) may provide secondary or excess coverage, I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the Church's medical and hospitalization coverage. I will further hold First Baptist Church and its ministers/sponsors harmless from legal action beyond the limitations of the medical and hospitalization insurance coverage described herein.

I understand that, in the event I require medical or dental treatment while engaged in the activity, I hereby consent and give my permission to the Church ministry's sponsor or any adult sponsor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital - should my ability to make such decisions be impaired.. To the best of my knowledge, I have listed above all of my medical allergies, medications being taken, medical problems and other pertinent information.

Signature_____ (Participant) _____
Parent if under 18

***State of Tennessee***
***County of Anderson***
***Personally appeared before me, the undersigned notary public, _____***
***with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence),***
***and who acknowledged that they executed the within instrument for the purposes therein***
**contained. Witness my hand, at office, the _____day of _____,20__**

**_____**
**Notary Public**
**My Commission Expires _____**