

**Friendship Baptist Association
Christmas Backpacks Mission Trip**

Personal Data (please print or type)

Legal Name _____

Address _____

Please Indicate The Best Way To Reach You

Email Address _____ Cell Phone () _____

Home Phone () _____ Work Phone () _____

Emergency Contact Person:

Name and address _____

Phone Number () _____ Alternate Number () _____

Relationship _____ Parent _____ Spouse _____ Other (specify) _____

Health Insurance: _____ Yes _____ No

Personal History

Have you ever been on a mission trip before? _____ Yes _____ No

Briefly Describe

Do you have a personal relationship with Christ? _____ Yes _____ No

Church Membership _____

Health

My health is _____ excellent _____ good _____ fair _____ poor

To Register: Please submit this form and \$50 fee to the FBA office before November 15, 2015.

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MINOR PARTICIPANT

RELEASE, HOLD HARMLESS AND INDEMNITY

I, the undersigned, as parent or legal court appointed guardian of _____, acknowledge that participating in the Friendship Baptist Association Mission Trip to Tennessee (the "Mission Trip") involves certain risks and that injury, death or other harm (including damage to property) could occur to my Minor. By my minor participating in the Mission Trip, I hereby assume full responsibility for the risk of Injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of my heirs, successors, assigns, executors and administrators, hereby RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY Friendship Baptist Association and its staff, volunteer leaders, members, employees (hereinafter collectively referred to as "FBA") from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) for Injuries arising out of or connected with the Mission Trip, including traveling to and from the location(s) of the Mission Trip.

MEDICAL CONSENT AND AUTHORIZATION

If, while participating in the Mission Trip, my Minor requires emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to FBA to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licensed physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as may be necessary, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes from any Medical Contacts provided by FBA. I agree to assume and pay for all costs of such emergency medical treatment.

Parent/Guardian Signature:

Witness:

Signature

Signature

Printed Name

Printed Name

Date

Date