

**First Baptist Church
Cleveland, Tennessee
Permission/Hold Harmless
Agreement Statement**

I, the undersigned parent or guardian of _____, an applicant for participation in any and all activities sponsored by the Student Ministry of First Baptist Church, Cleveland, Tennessee, do hereby state that said child is physically and medically able to participate in the said activities from **January 1, 2009 until December 31, 2009**. I do hereby release and discharge First Baptist Church, Cleveland, Tennessee and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in behalf of said minor and or myself against First Baptist Church, Cleveland, Tennessee, representatives, or staff. Furthermore, in the event of an accident, if the said staff or representatives are unable to contact the undersigned, I hereby grant permission to said staff or representative to administer necessary first aid, and/ or to take the applicant to a medical facility for treatment.

Signed _____

Phone (hm) _____ (wk) _____

(cell) _____

Date _____

Relationship to applicant _____

Witness _____

Medications currently taken by the applicant and any allergic reactions for this applicant must be listed below along with the applicant's Doctor's name and phone number.

MEDICATION _____

ALLERGIC REACTIONS _____

DOCTOR _____ PHONE _____

Notary Public

On this date the person(s) who are signed above personally appeared before me, being personally know by me, and in my presence executed this authorization and release from. Witness my hand and official seal this date (____/____/____).

My commission expires ____/____/____

Signed _____