

Excel Baptist Church Activity

Participation Agreement

Activity Location: Excel Baptist Church
Address: 118 Hwy. 136 East - - Excel, AL
Phone: 251-765-1074
Description of Activity: Back-To-School-Bash
Date(s) of Activity: August 5, 2023

Participant Information

Name of Participant: _____ Grade _____

Name of Parents/Guardians: _____

Address: _____ Phone: _____

Allergies and/or Medical Conditions: _____

Is Excel Baptist Church authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

Name of Insurer: _____

Policy or Group Number: _____

Participant Agreement & Waiver

It is my understanding that participating in the programs and recreational and other activities of Excel Baptist Church is a privilege. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with the activities including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

By signing this Participation Agreement Form, I expressly warrant that the child/children named above is/are in appropriate health to participate. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Excel Baptist Church and its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless Excel Baptist Church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I recognize that there may be occasions where the child named above may be in need of first aid or medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Excel Baptist Church to seek and secure any medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physicians(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Signature of Parent/ Legal Guardian

Date

Print name of Parent/Legal Guardian

All information on this form will be kept confidential, and will not be given out for any reason without the consent of the parent or guardian.