October 30, 2017

Dear Pearce Baptist Parents/Guardians,

As most of you know, our group stays busy throughout the year and there are many local trips as well as ones farther away. In addition, we have other situations that arise when students are in need of transportation.

This annual release form will cover all of our remaining 2017 trips and all of our 2018 trips. Additional forms will be necessary for summer camp and some other trips.

The release form will also cover all of the activities that our youth group participates in while at church or away from church and allows photos to be taken and used by the church on social media, etc.

Once you **fill out the form**, have it **notarized**, attach a copy of your child's current **insurance card** (front and back), and return it to me, your child will not need to turn in any additional forms, except when we go on special trips like camp. On most overnight trips, I will just need some type of additional signature.

By turning in this form, I am assuming that your child can go with us on any church related trips away from the church campus which are planned by myself or other church members/leaders.

Please read the form carefully and let me know if you have any questions.

Also, keep in mind that **it will be up to you to give me updates on medical and insurance changes.**

Thanks!

Matt Atwell
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Pearce Baptist Church
4634 Pearces Road
Zebulon, NC 27597

2017-2018 Youth Group Annual Release Form

My child _____ has my permission to attend and participate in all activities associated with Pearce Baptist Church in 2017 and 2018. These include activities on the church campus and away from the church.

My son/daughter has permission to ride in all church approved vehicles, including personal vehicles.

Parents/guardians agree to hold harmless and otherwise indemnify for any injuries or losses, the Church, Staff, Assistants, and all Volunteers who give their assistance to the youth ministries of Pearce Baptist Church.

Parents/guardians acknowledge and accept the risks of physical injury associated with participation in all church activities. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activities. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

In consideration for the privilege of allowing my child to participate in church activities, I agree to release and hold harmless the Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Parents/guardians also agree, in case of an emergency, to authorize any doctor, hospital, or other medical care institution or practitioner to provide necessary medical care or hospitalization to my youth, a minor child, upon request of one of the adult leaders associated with Pearce Baptist Church. Should my child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my absence, I hereby grant the Church authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances.

Furthermore, the parent/guardian gives permission for Pearce Baptist Church or any of its agents to use pictures, videos, or audio obtained during the above dates, in promotional or other materials as deemed necessary.

Is your child now on medication? _____ If yes, please describe/list:

Date of last Tetanus Immunization: _____

Does your youth have any allergies or any specific problems that the adult leaders should know about? If so, please describe:

Insurance company and policy/group numbers:

Doctor's Name:

Doctor's Address:

Doctor's Phone:

Names and Phone numbers in the case of an emergency:

By signing this form, I am verifying that I have read all of the information and am in full agreement. The form must be signed in the presence of a notary.

Parent/Guardian Name (Please print):

Parent/Guardian Signature:

Date:

Notary Acknowledgement

State of _____ County of _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____

The _____ day of _____, 201___.

Notary Signature:

My commission expires:

Please attach a copy of the front and back of your child's insurance policy.

It is the parent/guardian's responsibility to update the insurance and medical information as needed throughout the year.