FIRST Baptist Buna, TX
P.O. Box 1900 · 1155 Hwy 62 S · Buna, Texas 77612 · Office 409-994-3517 Fax 409-994-3519

Parental Consent and Release for Church Activities For the Year of 2026

Participant Information ***(To be completed by participant or authorized guardian)***

Name of participant: _____

Name of parents/guardians: _____
(if participant is a minor)

Address:_____ Telephone:_____

Name of emergency contact:_____

Telephone (Day): _____ Telephone (Evening):_____

List allergies or medical conditions:_____

Is sponsor authorized to approve medical treatment? *(Please check one)* □Yes □ No

Is participant covered by personal/family medical insurance? *(Please check one)* □Yes □ No

If yes, name of insurer:_____

Policy or group number: _____
(Parent/guardian, please provide a copy of your insurance card-both sides.)

I, the undersigned, am the parent or legal guardian of the child or youth ("Child") named above.

As the parent or legal guardian of the Child, I certify and affirm that I have been completely and thoroughly informed that by attending First Baptist Church-Buna (the "Church"), my child will participate in certain activities associated with Sunday School activities, children or youth programs, fellowship activities, field trips (including off Church property and overnight) and other activities associated with participating in the children and youth programs of the Church ("Programs"). I understand that the Programs may be the same or similar on a week-to-week basis or they may vary depending upon the judgment of the children and youth leaders of the Church. I do not need to be informed of each and every activity or the Programs as I have a sufficient understanding of their general structure.

I desire and do consent for my child to participate in the Programs of the Church. I acknowledge and understand that this PARENTAL CONSENT AND RELEASE has the force and effect regardless of whether the Programs engaged in are free or if a fee is charged. I consent to allow my child to be transported to and from Programs of the Church pursuant to the travel arrangements made by the Church for the particular Programs.

Further, I personally assume, on my child's behalf, all risk in connection with said Programs for any harm, injury, or damages that may befall my child as a result of my child's

participation in the Programs, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the Programs.

In consideration of my child being allowed to participate in the Programs and to use the Church's equipment and facilities, on behalf of my child, and as to myself as parent and legal guardian, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Church, the corporation, its, officers, directors, employees, volunteers, agents, and contractors from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in the Programs or use of the Church's equipment and facilities.

In case of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of Texas or any health care professional duly licensed to provide health care services in the State of Texas for medical care and services deemed necessary by the Church, its agents, servants, volunteers, and employees. In the event that it is not possible to acquire the services of a physician or health care provider to diagnose and treat my child based upon the existing circumstances, I also consent to the employees, volunteers, and agents of the Church to use their best judgment, as "Good Samaritans," to provide medical assistance until a physician or health care provider can be obtained.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of the Church of any and all health considerations or medical conditions that would affect or restrict my child's participation in the Programs of the Church. I will not allow my child to participate in any specific Programs of the Church which I know or should know would jeopardize my child's health or safety based upon my child's then-existing medical or health condition or that would subject other children or youth of the Church to disease or illness.

Should the need for medical attention arise, the Church will attempt to contact you, as soon as practicable under the circumstances.

By signing this document, the Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Program. During my child's participation in these Programs, I may be found by a court to law to have waived my right to maintain a lawsuit against the Church on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL CONSENT AND RELEASE by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Signature Of Parent/Legal Guardian:_____

Print Name:_____ Date: _____