YOUTH ACTIVITY PERMISSION

_____
Youth Name

I hereby authorize the staff of Sheets Memorial Baptist Church to sponsor and transport the above named minor to all ministry youth activities and give my permission for him/her to participate in all activities related thereto. If there are any activities I do not want my child to be involved in, I have listed them below.

I give permission to have my child treated in case of medical emergency. In the event of an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize the ministry leadership to make emergency medical decisions for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Sheets Memorial Baptist Church and its agents and employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account of injury to my child or property, which I or my child now have or which may arise in the future in connection with my child's participation in the activity or in any other associated activities. I agree to defend, indemnify and hold harmless Sheets Memorial Baptist Church and its agents and employees from and against all claims, damages, liability, costs and expenses (including without limitation, interest, penalties, court costs, attorney's fees and expenses) resulting from or incurred on behalf of or in relation to my child and the above named event.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

_____ _____ _____
Parent Signature Relationship to child Date

Emergency Contact # (1) _____ Emergency Contact # (2)_____

Please fill in all information. Write "none" where needed.

Physician's name _____ Phone _____

Insurance company _____

Insurance number _____

Known allergies _____

Chronic illnesses _____

Long-term medications _____

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