

First Baptist Church, St. Simons Island

General Activity, Permission and Emergency Contact Form

Youth Volunteer _____
Date of Birth ___/___/___ Home Phone (____) _____ Cell (____) _____
Street Address _____ City _____ State _____ Zip _____
Email _____ @ _____
Spouse's Name _____
Home Phone (____) _____ Cell (____) _____ Work (____) _____
Email 1. _____ 2. _____
Persons to call if spouse cannot be reached
1. _____ 2. _____
Relationship to You 1. _____ 2. _____
Phone 1. (H) (____) _____ (C) (____) _____ (W) (____) _____
Phone 2. (H) (____) _____ (C) (____) _____ (W) (____) _____

YOUTH VOLUNTEER'S HEALTH INFORMATION

Medical conditions or concerns _____

Allergies: food/medicines/etc. _____

Medications Currently Taken _____ Purpose _____

Medications Currently Taken _____ Purpose _____

Youth May Handle Own Medication _____ Prefer Adult to Hold _____

Please specify any known medical facilities that would NOT be preferable should the need for medical care arise (Note: in the event of a true emergency, the volunteer's health will supersede preference) _____

Health Insurance Company _____

Policy No. _____ Insurance Co. Phone (____) _____

Primary Physician _____ Phone (____) _____

Specialist Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

Please read and sign:

PERMISSION / EMERGENCY CARE AUTHORIZATION / LIABILITY RELEASE & YOUTH AGREEMENT

First Baptist Church, St. Simons Island

Permission, Emergency Care Authorization, Liability Release & Volunteer Agreement

I, _____, being of sound mind and body, in consideration of the First Baptist Church St. Simons Island (the "Church") allowing the use of the facilities of the Church and/or providing adult chaperon(s) for events or activities in which I will participate or attend, hereby knowingly participate in chaperoning events or activities sponsored by the Church and/or events or activities sanctioned by the Church (collectively "events or activities"). In the event that an emergency should arise while I am participating in any of the aforementioned events or activities sponsored by First Baptist Church St. Simons Island, I hereby grant my permission to the adult(s)/chaperones in charge to take whatever steps they deem necessary to provide for and insure the safety and wellbeing of myself, including but not limited to contacting professional medical care provider(s) for the purpose of obtaining medical care for me. I understand every effort will be made to contact my spouse; however, if that is unsuccessful, I authorize whatever medical care said adult(s) and/or medical professional(s) deem necessary; said permission, I hereby grant in advance. I agree to assume responsibility for all medical expenses. I understand that First Baptist Church St. Simons Island, its staff, or other volunteers assume no legal liability for the welfare of my person, and I hereby release them of such liability. I hereby release the Church from all liability incurred by, or which may be asserted against, the Church on account of any injury sustained by me, including any injury or claim arising from the negligence or the alleged negligence of the Church. Further, I agree to indemnify and to hold harmless the Church for all claims asserted against the Church arising from injury alleged to be sustained by me while participating in events or activities for which I have volunteered, and for all fees or other expenses incurred by the Church in defending or settling any such claim. I also release from liability and agree to indemnify and hold harmless, all as stated above, including for any claim of negligence, employees, ministerial staff, members, trustees and boards and committees of the Church, in addition to the Church. I understand that the Church is relying upon this release and agreement to indemnify in allowing me to use the facilities of the Church and participate in events or activities. I also understand and agree that this release and agreement to indemnify will be applied and interpreted using the law of the state of Georgia. I agree that this consent, release and agreement shall remain in effect for the entire calendar year of 2009. I agree to contact the Church if any of this information requires updating. This consent may be photocopied, with photocopies authorized to be equally valid as the original. I understand that these forms may be copied and provided to the adult in charge for each event or activity.

Date Signed

Volunteer Signature

Youth Volunteer Agreement: I wish to participate in the First Baptist Church St. Simons Island's youth group activities. As a volunteer, I agree to follow and enforce the rules of the youth group, the decisions of the staff and other adult volunteers and will do my best to contribute to the positive spirit of the youth community at First Baptist Church St. Simons Island.

Date Signed

Volunteer Signature