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18 Co Rd 161
Brundidge, AL 36010

MOUNT ZION BAPTIST CHURCH LIABILITY AND RISK WAIVER

I, the undersigned parent or legal guardian give permission for my child/youth/participant:

To take part in any off-premises and on premises events which may require transportation and supervision by Mt Zion Baptist Church staff, members and volunteers. This will include any events during the dates of September 1, 2020- September 1, 2021 including Youth Camp- Reality Check at the Vineyard November 20-22, 2020.

I understand all participation is voluntary and at “own risk”.

Medical Treatment

In the event of an emergency or illness I authorize Mt Zion Baptist church sponsors, staff, leaders and/or volunteers to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention. The individual action in response to the emergency will be held blameless. Parent or legal guardian will be responsible for any medical expenses that occur.

Release of Liability

I, the parent or legal guardian of the above participant do hereby release Mt. Zion Baptist Church, it’s staff, sponsors, volunteers and members from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above events. I also realize that I as the parent will be held responsible for any damage caused to other’s properties by my child while on trips and activities with the church.

Participant/Youth/Child’s Name: _____ Age: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature

Date

Notary: _____ Date: _____

MOUNT ZION BAPTIST CHURCH NURSERY, CHILDREN MINISTRY, YOUTH MINISTRY
STUDENT INFORMATION SHEET

Student Name _____

Birthday _____ Age _____ Grade _____ School _____

Allergies (food or medical):

List any known medical problems we should be aware of:

List any known behavior concerns we should be aware of:

Family and Emergency Contact Information

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Emergency Contact: _____ Phone _____

Medical Insurance Information:

Name of Subscriber: _____ DOB: _____

Insurance Company: _____ Phone # _____

Contract # _____ Group # _____

Please attach a copy of the medical insurance card (front and back).

Parent Name: _____ Signature _____ Date: _____

**Waiver of Liability
Mount Zion Baptist Church
18 Co Rd 161
Brundidge, AL 36010**

This agreement releases **Mount Zion Baptist Church and those affiliated or associated with Mount Zion Baptist Church** from all liability relating to injuries that may occur **during travel, lodging, food preparation, mission activities, prayer walking, Bible Rally, Recreation, and other events organized by Mount Zion Baptist Church or it's affiliates.** By signing this agreement, I agree to hold **Mount Zion Baptist Church and those affiliated or associated with said entity** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also release the above organizations, individuals, and entities from any liability from my heirs, family members, or other entities that I the volunteer am associated with.

I also acknowledge the risks involved in **participating in church activities, community outreach events, youth/children ministry events and outreaches including outdoor recreation and activities and any and all other voluntary church functions.** These include but are not limited to **injuries from slips and falls, injuries during travel to and from the church or activity locations.** I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against the above mentions entities, individuals affiliated with entities and organizations for any reason. In return, I will receive **participation as a volunteer in the above mentioned church activities that I voluntarily choose to participate in.** I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed. Additionally I agree to treat all properties that I will be using during the aforementioned mission activities with respect and realize that these properties belong to others and should be treated with care and any and all forms of vandalism, property damage, neglect, or other activities will be avoided. In the case of property damage due to the individual or group of volunteers I agree that a reasonable costs to cover the cost of damages may be the responsibility of the volunteer or volunteer group depending on the individual situation and will be decided by the Pastor of Mount Zion Baptist and the Building and Grounds Committee.

I the **Legal Guardian** fully understand and agree to the above terms relating to my child.

Signature: _____ Date: _____

Parent Name: _____

Child/Youth Name: _____

Notary Signature and Seal: _____ Date: _____