PARAMOUNTSTUDENTS

MEDICAL RELEASE AND INDEMNITY AGREEMENT PARENTAL PERMISSION FORM
+ PHOTO PERMISSION FORM

This form is valid for all Paramount Baptist Church Youth Ministry events during the year January 2021 - December 2021.

We, the undersigned, DO HEREBY RELEASE, PROMISE TO SAVE HARMLESS AND PROMISE TO INDEMNIFY Anthony Watt, Paramount Baptist Church of Amarillo, Texas, and all adult sponsors of or for the Paramount Baptist Church (hereafter referred to as "INDEMNITIES" for and from any liability whatsoever for any injury, damage, accident, misfortune or death sustained by the undersigned minor during the aforementioned trip.

We the undersigned, further agree to hold the aforementioned INDEMNITIES harmless and to INDEMNIFY the same from any liability whatsoever resulting from any decision they, in their discretion, shall make, or any accident, injury, damage, death, or misfortune which might occur to the undersigned minor in connection with any activity, trip, event, or function involving or during the aforementioned trip sponsored by Paramount Baptist Church.

This agreement is given in consideration for the supervision and discipline to be provided on our behalf by said INDEMNITIES plus other good and valuable consideration.

Further, we hereby appoint Paramount Baptist Church of Amarillo, Texas and/or Anthony Watt and/or any adult staff to act in my (our) place in the place in the event said minor should require medical attention during this trip. This appointment is for the purpose of securing benefits for the health and welfare of said minor and expressly includes the authority to sign releases to physicians who may render medical care and services. We promise to assume liability for payment for all such professional services, and to reimburse the Paramount Baptist Church for any expense that may be incurred for treatment, care, drugs, and other services for said minor.

If the undersigned minor's behavior is such that it endangers the welfare of others, Paramount Baptist Church or its adult sponsors have our permission to send said child home or to exercise such non-corporal discipline as they deem appropriate. If said child is sent home, I further agree to pay the transportation costs for the trip home.

This agreement shall be construed according to and governed by the laws of the State of Texas. All of the sentences, phrases and provisions of this agreement are distinct and severable, and if any clause, phrase or sentence shall be deemed illegal, void or unenforceable, it shall not affect the validity, legality or enforce ability of any other clause or portion of this agreement. It is expressly understood that any reference to "trip" contained herein includes not only travel time, but also all activities, functions, or periods of time for any duration between travel plus all periods of time when said minor is under the custody, control or direction of said "INDEMNITIES".

WE HAVE READ THIS AGREEMENT IN ITS ENTIRETY. This agreement was signed in Randall County, Texas.

Date: _____   Minor's signature: _____   Date of Birth: _____

Parent/Guardian/Participant over 18's signature: _____   Date: _____

Please check one: I/We grant permission for any video/photo/image that includes this student (with or without any other personal identifiers) to be published on the church's website, FaceBook page, or other print or online publication. ❒ Yes ❒ No

--- NEED COMPLETE INFORMATION (Especially Insurance Information) ---

Participant's Name: _____   Medical Insurance Company: _____

Home Address: _____   Insurance Policy Number: _____

Home Phone: _____   Insurance Co. Address: _____

Parent Cell Phone: _____   Insurance Co. Phone: _____

Person to contact in case of emergency _____   Relationship: _____

Emergency Contact Phone Numbers: (home) _____   (cell) _____

Indicate date of last tetanus shot _____

List any physical limitations (allergies, etc.). If none, please indicate _____

List any medications taken regularly. If none, please indicate: _____

I give permission for my student to be administered the following over-the-counter medications as needed according to recommended dosing instructions: ❒ Tylenol ❒ Ibuprofen ❒ Benadryl ❒ Dramamine

(All other medications should be supplied by the parents and brought in original containers)