

Florida General Baptist Convention, Inc.

Rev. Dr. James B. Sampson, President



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Mrs. Gloria J. Simmons, President
Young People's Department

2017 Florida General Baptist Convention, Inc. Youth Conference

Liability Release Form – Release of All Claims

In consideration of being accepted by Church _____ Convention _____ for participation in the FGBC Youth Conference.

I, being 21 years of age or older, do for myself or on behalf of my child/children participants, if said child is 21 years of age or older, do hereby release, forever discharge and agree to hold nameless _____ and the FGBC Youth Conference of the Florida General Baptist Convention, Inc. and the Officers, Counselors and Youth Workers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child/children participants that occur while said child is participating in the above described conference and/or trip activities.

Furthermore, I, or on behalf of my child/children participants if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church, District, and the FGBC Youth Conference of the Florida General Baptist Convention, its directors, employees and agents, for any liability sustained by said Church, district, FGBC Youth Conference of the Florida General Baptist Convention, Inc. as the result of the negligent, willful or intentional acts of said participant, including incurred attendant thereto.

(If the participant has not attained the age of 21 years) We (I) are the parent (s) or legal guardian (s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip and conference, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

_____ print name of participant

_____ Parents Telephone number

Insurance Company _____ # _____

Emergency Telephone Number _____

Father _____ Date _____

Mother _____ Date _____

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip and conference. Participants Signature _____.