



## FIRST BAPTIST CHURCH MAINE, NEW YORK

### OLYMPIAN REGISTRATION, ACTIVITY CONSENT AND CONSENT TO MEDICAL TREATMENT FORM

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ . I hereby give my consent to have my minor child or my children participate in the ***Olympian Program*** held at **First Baptist Church in Maine, New York** for 2022-2023. I recognize that there are risks involved in participating in this activity and hereby assume all risks of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

I give permission to have my child treated in case of medical emergency. In the event of a medical emergency and I cannot be reached, I hereby authorize *the Olympian Coaches*, volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child. I acknowledge that *First Baptist Church* does not provide any health insurance covering said student during the activities referred to herein, and I further acknowledge that it is my responsibility to obtain health insurance covering said student. I agree to accept the sole responsibility for the cost of medical care.

***I understand and hereby agree to assume all of the risks which may be encountered at the activities sponsored by the First Baptist Church of Maine, New York that my child will be attending pursuant to this consent and release form.*** In consideration of my child being permitted to participate in the event(s) described above and other valuable considerations the receipt of which is acknowledged, I hereby agree to release, defend, indemnify, and hold harmless *First Baptist Church* and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, and damages (including without limitation, interest, penalties, court costs, attorney's fees and expenses) resulting from or on account of injury to myself or my property in connection with any event anticipated by this form. I further release any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of *New York* and that if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

***I understand that if my child loses his/her book or damages it – I will need to purchase a new one at a cost of \$21.99.***

*This form also allows your child(ren)'s photos to be displayed on fbcmaine.org and or facebook.com/firstbaptistmaineny, with the understanding that anyone can view these photos or images. Personal information about my child will not be listed with these photographs or videos.*

***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.***

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

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Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

Student's Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Parent (Guardian) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Relationship to child (mom/dad): \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2022.