



# FIRST BAPTIST CHURCH

1400 South Main Street  
Hopkinsville, Kentucky 42240

Dr. Rodney Travis, Pastor  
Emory Riley, Minister of Music  
Andy Buckingham, Minister of Education  
Office: (270) 886-1216  
FAX: (270) 889-0324

## ACTIVITY PERMIT AND WAIVER OF LIABILITY

To the First Baptist Church of Hopkinsville, Hopkinsville, KY 42240:

I/We as parent (s) of \_\_\_\_\_ ("child/youth") consent to child/youth participating in the church sponsored activity of \_\_\_\_\_ .

In consideration of the church sponsoring this activity, and permitting child/youth to participate, I/we hereby waive, release and agree to hold harmless the First Baptist Church, Hopkinsville, Kentucky, its agents, employees and volunteer assistants from any and all claims for injuries and/or damages which may occur to or be suffered by said child/youth while going to or from this activity or during this activity, or loss of property while going to or from this activity or during this activity.

I/We authorize the person in charge of this activity, in his or her discretion, in case of sudden illness, injury or emergency involving the above-named child/youth, to obtain for said child/youth, any necessary hospital, medical and first-aid care and further agree to hold such person harmless from costs or claims in doing this.

Dated, this \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Father)

\_\_\_\_\_  
(Mother)

Employer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**NOTE:** We have the following medical, hospital or sickness insurance.

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
(Notary)

\_\_\_\_\_  
(Commission Expires)