

The First Baptist Church Headland, Alabama
MINISTRY PARTICIPANT AGREEMENT

The First Baptist Church, Headland, Alabama, (hereinafter "FBCH") is offering the opportunity for participation in activities (hereinafter "activity" or "activities") associated with any of FBCH's ministries (excluding overnight trips), either on or away from its principal address, potentially including church provided transportation, for the period of ____/____/____ until 08/31/2026.

Section 1: PARTICIPANT(S) INFORMATION

Participant's Name _____ Male ____ Female ____ Grade (if applicable) _____
DOB ____/____/____ Participant's Cell _____ Email _____
City/State/Zip _____
Medical Information (if applicable) _____

Participant's Name _____ Male ____ Female ____ Grade (if applicable) _____
DOB ____/____/____ Participant's Cell _____ Email _____
City/State/Zip _____
Medical Information (if applicable) _____

Participant's Name _____ Male ____ Female ____ Grade (if applicable) _____
DOB ____/____/____ Participant's Cell _____ Email _____
City/State/Zip _____
Medical Information (if applicable) _____

Parent or Guardian/Emergency Contact Information

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell _____
Alternate Person to Contact _____ Relationship _____
Home Phone _____ Work Phone _____ Cell _____

Section 2. RELEASE, HOLD HARMLESS, WAIVER, INDEMNITY, and CONSENT AGREEMENT

I, _____, for myself (or for my child/children under the age of 19 years listed in Section 1 above) in consideration of the opportunity to participate in the Activity, and in consideration of other obligations incurred, hereby agree as follows:

1. I (or for my child/children under the age of 19 years listed in Section 1 above) accept and assume all responsibility for my (or for my child/children under the age of 19 years listed in Section 1 above) personal actions and any and all risks of property damage or personal injury, including death, which occur during or as a result from my (or for my child/children under the age of 19 years listed in Section 1 above) participation in the Activity.
2. With the above in mind, I fully understand and agree that FBCH and all of its entities, their staff members, successors, assigns, officers, agents, representatives, Activity leaders, volunteers, entities and other participants shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself (or for my child/children under the age of 19 years listed in Section 1 above) or my (or for my child/children under the age of 19 years listed in Section 1 above) property, in connection with the Activity or any portion of the Activity even if said injury or action is due to the alleged negligence of FBCH or such other participants.
3. Further, I do hereby agree to indemnify and unconditionally hold FBCH and such other participants harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorneys' fees) of whatsoever kind in connection with the Activity or any portion of the Activity.

Ministry Participant Agreement
Participant or Parent/Guardian Initials: _____

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4. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors, and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against FBCH knowingly and voluntarily, and each and every claim or right of action I have now or may have in the future against the FBCH or such other participants related to the Activity, even if any such claim or right of action is caused by FBCH's alleged negligence.
5. I hereby state that I (or for my child/children under the age of 19 years listed in Section 1 above) am in good health and have all medications necessary to treat any allergic or chronic conditions, and I (or for my child/children under the age of 19 years listed in Section 1 above) am able to administer such medications without assistance. If at any time during an FBCH trip, event, activity, etc., I (or for my child/children under the age of 19 years listed above) need **emergency medical care** (including dental) and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf (or for my child/children under the age of 19 years listed in Section 1 above), and I specifically release FBCH, in making those emergency medical care including dental decisions, from any and all liability associated with said decisions, even if injury or death is the result of FBCH's alleged negligence. For **non-emergency medical care**, I authorize the administration of over-the-counter medication(s), as needed, to me (or to my child/children under the age of 19 years listed in Section 1 above).
6. I ☐ **DO** or ☐ **DO NOT** waive and release my (or for my child/children under the age of 19 years listed in Section 1 above) right of publicity regarding use of attributes, including, but not limited to, name, signature, photograph, image, likeness, voice, or a substantially similar imitation of one or more of those attributes for the religious and charitable purposes of FBCH.
7. I ☐ **DO** or ☐ **DO NOT** or ☐ **N/A** consent for my child/children to share his/her phone number and/or email address for the purposes of being contacted for religious and charitable purposes of FBCH.
8. I have carefully read the foregoing and I understand that my signature herein holds FBCH, its officers, employees, Activity leaders, volunteers or other agents or representatives of any nature, harmless for any liability for injury, damage, loss, or accident as outlined herein, and for any loss or damage related to any scheduling delays or interruptions.
9. This document does not release FBCH or such other participants from gross negligence.
10. I have read carefully, agree to, and intend to be legally bound by all terms of this agreement.
11. I also understand that the terms and conditions of the two sections composing this document are non-severable.

SIGNATURE BLOCK FOR PARTICIPANT(S) UNDER 19 YEARS OF AGE

PARENT/GUARDIAN SIGNATURE _____
PRINT NAME _____

SUBSCRIBED AND SWORN TO before me on this ____ day of _____, 20____.
NOTARY SIGNATURE _____
MY COMMISSION EXPIRES _____

SIGNATURE BLOCK FOR PARTICIPANT AGE 19 YEARS OLD OR OLDER

SIGNATURE _____ Date _____
PRINT NAME _____

Witness 1:

Signature _____
Print Name _____
Date _____

Witness 2:

Signature _____
Print Name _____
Date _____