

Liability and Medical Release Form

I, _____, allow my child, _____ to participate in a **FAITH Student Ministry Trip to UrbanAir in Glen Burnie, Mission Escape and Bowling on August 9, 2024**. I VOLUNTARILY AND KNOWINGLY ACCEPT AND ASSUME, THE RISKS involved in the program for myself and my child named above and, in consideration for Faith Baptist Church allowing us to participate in the program, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby FULLY RELEASE AND FOREVER DISCHARGE the parties named above, and only those parties, along with their officers, agents, employees, successors, assigns, and volunteers, from any and all losses, expenses, inquiries, demands, actions, causes of action, damages, rights and claims, of whatsoever kind or nature, whether in law or in equity, arising out of or in connection with our participation in the program, and further WAIVE ANY RIGHTS we may have in that regard against those Released Parties. I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby ASSUME FULL RESPONSIBILITY for any and all matters listed above. THIS RELEASE IS KNOWINGLY AND VOLUNTARILY SIGNED WITH THE INTENT TO BE LEGALLY BOUND, AND IS SIGNED AFTER CAREFULLY READING AND FULLY UNDERSTANDING THE TERMS AND CONSEQUENCES OF THIS RELEASE.

Technology Consent

FAITH Glen Burnie may take pictures and videos of event participants, including minors, for its website, publications, and public media. I consent to FAITH Glen Burnie's use of these photographs/videos of my minor children for these purposes.

Parent or Guardian Signature

Parent or Guardian Printed Name

Emergency Medical Information

Emergency Contact Number _____

Relationship to participant _____

Health Insurance Provider _____

Policy Holder's Name _____

Policy Number _____

Group Number _____

Insurance Provider's phone number _____

Medications

Any allergies _____

Any other pertinent medical information
