

First Baptist Church of Sarasota, Florida
2017/2018 AUTHORIZATION AND RELEASE

I authorize my child(ren) and/or myself ("child"), _____, to participate in any and all on-campus and/or off-campus activities sponsored by First Baptist Church of Sarasota, Inc. ("FBCSI"), at any time beginning on September 1, 2017, and ending on August 31, 2018, from the time my child arrives at the church property through the time I pick up my child at the church property. I understand for some activities my child will travel from and return to the church property during this activity, including travel outside the State of Florida, and authorize this travel.

I further authorize Tim Storck, Youth Director, J. Mark Gibbens, Family Pastor, and/or any adult sponsor to obtain or provide any and all medical care and treatment, including but not limited to the administration of over-the-counter medications (i.e., Tylenol, Pepto-Bismol, etc.) necessary for my child as a result of any illness or accident during the above activity. I agree to be financially responsible for any medical care and treatment rendered to my child by a licensed health care provider. In consideration for FBCSI allowing my child to participate in any activity I specifically release and hold harmless FBCSI, its agents, and any adult sponsor involved from any claim or cause of action which may arise during my child's participation in any activity.

I further authorize any agent of FBCSI to photograph, record, or make any other audio and/or visual image of my child during the above activity, and to use such image(s) in any way for publication, promotion, or other use, including but not limited to placing such image(s) on the Internet. I agree FBCSI will be the sole owner of any such image(s).

I understand this authorization and release is not limited to a specific activity, but covers all activities during the described period.

I intend a copy of this form to be valid as the original.

Signed on _____

Biological Parent or Legal Guardian Signature

Sarasota County, Florida

Acknowledged before me on _____, 20____, by _____
_____, who is personally known to me or produced _____
as identification.

Notary Public