

ANNUAL PICKETT'S MILL BAPTIST CHURCH PERMISSION CONSENT AND RELEASE FORM 01/01/2024 – 12/31/2024

Student]	DOB	_Grade
Address			
City, State, Zip			
Parent(s) names			
Parent(s) Phone Numbers			
Parent(s) Email			
Student Phone Number	Student Email		

My child has my permission to participate in the **Pickett's Mill Baptist Church** events for 01/01/2024 – 12/31/2024 that are being held at 7147 Hiram Acworth Hwy., Dallas, GA, 30157, or are held at another location but sponsored by Pickett's Mill Baptist Church. For ministry-sponsored events that are conducted/held off the ministry property, I authorize the staff of Pickett's Mill Baptist Church to transport my child, either in a ministry vehicle, or in a private vehicle driven by a ministry staff or volunteer. If there are any types of activities I do not want my child to be involved in, I have listed them below (ex.: water activities, types of sports, high-risk activities, etc).

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 Pickett's Mill Baptist Church staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child. I acknowledge that Pickett's Mill 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 costs of medical care.

I also grant permission to Pickett's Mill Baptist Church, its representatives, contractors, employees and volunteers acting on behalf of the ministry, to take and/or use, copyright, publish, edit, crop or treat images or likenesses of me or my child(ren), including photographs, videos or otherwise, for any lawful use on the ministry's website, social media pages, blogs, or in other official ministry printed or electronic publications without further consideration. I understand that this consent and release will operate in full force and effect until 12/31/2020, or UNTIL SUCH TIME AS I WITHDRAW MY CONSENT IN WRITING. I understand that

should photographs or videos of me or my child(ren) be used on Pickett's Mill Baptist Church owned or operated websites or webpages, they may be available for download.

I understand and hereby agree to assume all of the risks which may be encountered at the activities sponsored by Pickett's Mill Baptist Church that my child will be attending pursuant to this consent and release form, including transportation to and from said events. 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 Pickett's Mill 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 GA and that if any portion thereof is held invalid, it is agreed that the balance 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, must be handled by the church office staff of Pickett's Mill Baptist Church and not independently of the church. I acknowledge and agree that Pickett's Mill Baptist Church has full rights and discretion to conduct and direct any controversy by the means they see fit. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

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.

Parent signature	Relationship to child (mom/dad)
Notary signature	Date
MEDICAL/INSURANCE INFORMATION	
Please fill in all information. Write "none" whe	ere needed.
Primary emergency contact person & phone	
Alternative emergency contact person & phone	e
Physician's Name	Phone
Insurance company	
Insurance policy number	
Known allergies & type of reaction	
Chronic illnesses/medications	