

**First Baptist Church Of Harvester**  
**4075 Old Highway 94 South**  
**St. Charles, Mo 63304**



FIRST BAPTIST CHURCH  
**HARVESTER**  
worship. love. go.

**Annual Release And Consent Agreement**  
**Valid For the Year 2016**

I hereby, for myself, my heirs, executors, and administrators, waive, and forever discharge any and all rights and claims for damages which I may have hereafter accrue to me against FIRST BAPTIST CHURCH OF HARVESTER, their members, respective officers, agents, representatives, successors, and/or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with/or arising out of my traveling with, participation in, and returning from any activity sponsored by FIRST BAPTIST CHURCH OF HARVESTER.

The youth and adults whose signature are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physician and surgeons. The intention hereof being to grant authority to administer diagnostic procedures, which may now or during the course of the youth's care, be deemed advisable or necessary.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below.

Name \_\_\_\_\_  
(Please Print) Last First Middle

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

In Case Of Emergency, Notify:

1. \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

Name Of Physician: \_\_\_\_\_ Phone \_\_\_\_\_

**Please List Any Medical History On Back** Date Of Last Tetanus Immunization: \_\_\_\_\_

My Insurance Company: \_\_\_\_\_

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

Participant's Signature: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ And/or \_\_\_\_\_  
(If Under 18 Years Of Age) Father Mother

Date \_\_\_\_\_

State Of Missouri \_\_\_\_\_  
County \_\_\_\_\_

On This Day Of \_\_\_\_\_ In The Year \_\_\_\_\_ Before Me, \_\_\_\_\_ (Name Of Notary),  
A notary public in and for said state, personally appeared \_\_\_\_\_ (name of  
individual), known to me to be the person who executed the within medical release, and acknowledged to  
me that he / she voluntarily executed the same for the purpose of permission to the sponsors of First Baptist  
Church of Harvester to authorize any needed medical aid in case of emergency.

Seal

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_