

Student Participation and Medical Release Form Clearwater Baptist Church Student Ministry

Participant's Name (F	Print Name)		Date of Birth	
Street Address			City	State
Zip Code	 Phone Number			
Parent/Guardian Nan	ne:	Home Phone: _	-	
Cell Phone:		Work Phone:	-	
Secondary Contact:		Home Phone:		
request that Participant b Clearwater Baptist Churc In consideration of the gra to participate in the activi Property designated for th Participant and ourselves executors, successors an claim, judgement, loss, lia by any person which is du the Participant's and/or the	nt(s) or legal guardian(s) (the e permitted to attend and to h, Athens, Tennessee (the "R ant of permission by Clearwaties and events, and to enter e activities and events and o, and on behalf of Participant d assigns, do hereby: AGREE ability, damage or costs, inclue to any act or omission by R ac undersigned's participation	"Releasor") of the above-nan participate in all activities and eleasees") for the period Jan ter Baptist Church (hereinafte onto the Premises, including ther activities throughout the 's personal representatives, h TO INDEMNIFY, DEFEND ANI uding reasonable attorney's feeleasees and/or their agents in any activity or event that I ligent acts or omissions of the	d events, related to the state of the state	e Student Ministry of lary 1, 2025. asee") to Participant e areas on the signed, on behalf of use, agents, HARMLESS from any nich may be brought g to or arising out of a undersigned may be
APPRECIATE AND AS	SSUME ALL RISKS OF IN	DERSTANT THAT IT IS A F IJURY INHERENT IN PAF URCH STUDENT MINIS	RTICIPATION IN A	•
Signature of Participa	nt			
(Print Name of Parent	:/Legal Guardian	 Signature of Parent/	Legal Guardian (N	eeds Notarized)