



## YEARLY ACTIVITY PERMISSION & LIABILITY FORM

Sponsoring Organization: Town Creek Baptist Church

Address: 250 Town Creek Road, Aiken, SC 29803 Phone: 803-649-9792

### PARTICIPANT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK ONLY)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Biological sex at birth:  Male  Female Age \_\_\_\_ Last school grade completed K4 K5 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Name of parents/guardians: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Does emergency contact have permission to authorize medical treatment if necessary:  Yes  No

Is activity sponsor authorized to approve medical treatment?  Yes  No

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

### MEDICAL HISTORY

Check the following areas of concern for this participant:

1. Please list any allergies or medical conditions the sponsor needs to be aware of: \_\_\_\_\_

2. Does the participant need to wear:  glasses  contact lenses  No, not applicable

3. Is the participant listed above a:  good swimmer  fair swimmer  cannot swim

*Over, please*

4. Should the participants' activities be restricted for any reason describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof (i.e. Epi pen, inhaler etc.) Submit this notification in writing and attach it along with a Medication Authorization, if needed, to this form.

5. Date of last tetanus shot \_\_\_\_\_

### ACTIVITIES:

Activities may include, but are not limited to: Mission trips abroad, cookouts, boating, water skiing, swimming, paint ball, basketball, roller skating, rollerblading, games in the park, soccer, broomball, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, jumping on trampolines, hayrides, bonfires, go carts, laser tag etc.

### PERMISSION TO PARTICIPATE

I, (as a participant over 18 years of age) or We (as parents/legal guardians of participant under 18 years of age) give my/our consent for:

Participants Name: \_\_\_\_\_ to participate fully in all church activities, events, or trips with Town Creek Baptist Church of Aiken, South Carolina. Town Creek Baptist Church or its agents is authorized to furnish any necessary transportation, food and lodging for this participant, except when otherwise stated for a particular activity, event or trip.

In consideration of being accepted by Town Creek Baptist Church of Aiken, South Carolina for participation in all church activities, events or trips to be held during the year, as well as transportation to and from the activity, We, (The parents/guardians) or I, (being 18 years of age or older) hereby release, forever discharge and agree to hold harmless Town Creek Baptist Church of Aiken, it's staff, employees, leaders, directors, volunteers and any other agents (hereinafter called "agents") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned participant that occur while said participant is participating in any church activity, event or trip, regardless of the location(s) of such activity, event or trip. I/We acknowledges and assume all risks of injury associated with but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage, and accepts personal financial responsibility for any injury or loss sustained during the activity or during transportation to and from activity, as well as for any medical treatment rendered to the Participant that is authorized by its agents.

### INDEMNIFICATION

Further, the Participant releases and promises to indemnify, defend, and hold harmless Town Creek Baptist Church or its agents for any injury arising directly or indirectly out of the activity or transportation to and from the activity, whether such injury arises out of the negligence of Town Creek Baptist Church, its Agents, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant and Town Creek Baptist Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

### MEDICAL TREATMENT AUTHORIZATION

I give /my permission for Town Creek Baptist Church and its Agents to seek whatever medical attention is deemed necessary and take said participant to a doctor or hospital. I authorize medical treatment, including but not limited to emergency surgery, and will assume the responsibility of all medical bills, if any.

### UNPLANNED TRANSPORTATION

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume all transportation costs, and to fully indemnify and/or reimburse Town Creek Baptist Church of Aiken or its agents.

### PHOTO/AUDIO/WEB RELEASE

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child/participant during their participation in any activity, event or trip to be used, distributed, or shown as said Church see fit including but not exclusive to slide shows, church web site, print media and local newspapers. \_\_\_\_\_ Yes \_\_\_\_\_ No Initial \_\_\_\_\_

**FOR YOUR PROTECTION WE EXPECT EACH PARTICIPANT TO CONFORM TO THESE RULES OF CONDUCT**

- No possession or use of alcohol, drugs or tobacco
- No students can drive
- No fighting
- No weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girl's sleeping quarters and no girls in boy's sleeping quarters

**WE DO EXPECT EACH STUDENT TO:**

- Participate with the group
- Respect the property
- Respect one another as well as the staff and all adults
- Respect and comply with event schedules

**PARTICIPANTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR EXPENSE**

I, the participant, or we the parent/guardian under penalties of perjury, declare by our signature below, for the current year of June 8, 2026 to August 14, 2026 that I/we have read the sections on Activities, Permission to Participate, Indemnification, Medical Treatment Authorization, Unplanned Transportation, Photo/Audio/Web Release, Rules of Conduct, and have filled out to the best of my/our knowledge all Medical History and Emergency Contact Information and declare the facts stated in it are true and current. I/we understand that should any changes occur it is our responsibility to inform the sponsors of Town Creek Baptist Church as soon as possible.

_____	_____	_____
Please print the name of participant	Signature of participant if over 18 years of age	date
_____	_____	_____
Please print name of parent/guardian	Signature of parent/guardian if participant is under 18 years of age	date

The above signature was acknowledged before me this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Seal \_\_\_\_\_  
Signature of Notary Public in and for the State of South Carolina

**PLEASE NOTIFY THE CHURCH OFFICE REGARDING ANY CHANGE OF STATUS IN THIS FORM AS SOON AS POSSIBLE**