FBC Lebanon

227 East Main St

Lebanon,TN 37087

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS
PLEASE READ CAREFULLY BEFORE SIGNING

For and in consideration of being allowed to participate in athletic, sports, recreational, competitive, or other church-sponsored activities ("Activities"), I _____ ("Participant"), on behalf of myself or my minor child, hereby release, discharge, indemnify, and hold harmless First Baptist Church Lebanon ("FBC Lebanon"), its pastors, employees, volunteers, members, and agents from any and all liability, claims, demands, causes of action, damages, losses, or expenses arising from personal injury, sickness, death, or property damage that may occur while the Participant is engaged in any FBC Lebanon-sponsored activity, whether on or off church property.

I acknowledge that participation in the Activities involves inherent risks that cannot be eliminated and may result in serious injury, illness, disability, or death. I voluntarily assume all such risks, including those associated with ordinary negligence, to the fullest extent permitted by Tennessee law.

I knowingly, voluntarily, and intentionally waive, release, indemnify, and hold harmless FBC Lebanon, its pastors, employees, volunteers, members, and agents from any claims arising from participation in the Activities.

In the event of an emergency, I authorize FBC Lebanon to obtain emergency medical treatment (911) for the Participant (minor) if I cannot be reached.

I grant permission for FBC Lebanon to use photographs or video of the Participant for ministry, educational, or promotional purposes unless I notify the church in writing.

This Agreement shall be governed by the laws of the State of Tennessee. If any provision is held invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Signatures on page 2

I HAVE CAREFULLY READ, FULLY UNDERSTAND, AND VOLUNTARILY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE

Participant Signature: _____

Participant Printed Name: _____

Date: ___/____/_____

Additional participant (minor)

Participant (minor) name: _____

Relationship to minor: _____

Parent/Guardian Signature: _____

Date: ___/ ___/_____

Additional information

Address: _____

Drivers license #: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Known Allergies (optional): _____

Medical Conditions (optional): _____