

FAIRVIEW BAPTIST CHURCH
1300 Locust Hill Road, Greer, South Carolina 29651-8453

**PERMISSION, RELEASE AND MEDICAL AUTHORIZATION
FOR PARTICIPATION IN CHURCH-SPONSORED ACTIVITIES**

ACTIVITY/DESTINATION: _____

THIS IS TO CERTIFY THAT I, THE PARENT OR LEGAL GUARDIAN OF: _____
DO HEREBY GRANT PERMISSION FOR ME/MY CHILD TO PARTICIPATE IN THE ABOVE-
NAMED ACTIVITY/TRIP ON THE ABOVE GIVEN DATES.

I further agree to release Fairview Baptist Church of Greer, South Carolina, (hereinafter "Fairview") and each of the Sponsors, individually and collectively, from all liability claims or any and all personal injury, physical and mental pain and suffering, mental disorders, property loss or property damage which may occur to the above-named participant or participants' property while engaged in said activity/trip.

I further authorize the Sponsors to treat, discipline, restrain, and do authorize reasonable and necessary medical care for the above-named participant, including, but not limited to, any emergency surgical procedure or hospitalization if the same should become necessary wheresoever participant may be located.

In case of emergency, please contact: _____ Relationship _____
Day phone _(____)_____ Night phone _(____)_____ Cell/Beeper _____

The following information is true and accurate to the best of my knowledge:
Insurance Carrier _____ Policy Number _____
Insured's Name _____

List of known allergies _____
Special medications/instructions _____
Special diet or treatment _____
Any other problems or illnesses _____

The permission, release and authorization granted herein are given for and in consideration of Fairview sponsoring this sport and permitting me and/or my child to participate. It is my expressed desire that the above-named person participate in this activity.

Parent or Legal Guardian Signature Date

Thus done and signed at Greer, South Carolina before the undersigned notary this _____ day of _____, 20____.

Notary Public (signature) Notary Public (print)

My Commission Expires: _____