

THE TIMOTHY MINISTRY
FIELD TRIP PARTICIPATION AGREEMENT

Student Name _____

Address _____

City _____ State _____ ZIP _____ Home Phone _____

Parent's Name _____ Cell Phone _____

In consideration for being allowed to participate and/or attend a field trip with **THE TIMOTHY MINISTRY**.
Other information:

1. Special medical needs (describe, include allergies) _____

2. Regular Physician _____ Physician Telephone _____

3. Other Emergency phone numbers:

Name _____ Phone Number _____

Name _____ Phone Number _____

4. Insurance information: Insurance Company _____
Policy Number _____

IN CONSIDERATION OF MY CHILD BEING ALLOWED TO PARTICIPATE IN THE CLASSES AND ACTIVITIES PROVIDED OR SPONSORED BY THE TIMOTHY MINISTRY, INC. I ASSUME ALL RISKS, INCLUDING ANY RISKS ASSOCIATED WITH ANY SPECIAL MEDICAL NEEDS OR CONDITION OF MY CHILD, OF MY CHILD'S PARTICIPATION IN ANY SUCH CLASSES AND ACTIVITIES, INCLUDING TRAVEL INCIDENT THERETO. I CERTIFY THAT I HAVE INSURANCE REASONABLY SUFFICIENT TO COVER MY CHILD AGAINST INJURY AND LOSS OF LIFE CAUSED TO MY CHILD OR CAUSED BY MY CHILD IN CONNECTION WITH SUCH PARTICIPATION AND I AGREE THAT ALL EXPENSES RELATING TO OR ARISING OUT OF ANY SUCH INJURIES OR LOSS OF LIFE WILL BE MY SOLE FINANCIAL RESPONSIBILITY AND MY CHILD AND I AGREE TO RELEASE, HOLD HARMLESS AND INDEMNIFY FIRST BAPTIST CHURCH WOODSTOCK AND THE TIMOTHY MINISTRY, INC. AND THEIR CONTROLLING PERSONS, SUCCESSORS, AFFILIATES, ASSIGNS, MEMBERS, MANAGERS, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS OR REPRESENTATIVES FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY HARM, INJURY, DAMAGE, CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION OR COSTS AND EXPENSES OF ANY NATURE FOR WHICH MY CHILD, MY CHILD'S FAMILY, ESTATE, HEIRS, ADMINISTRATORS, REPRESENTATIVES AND ASSIGNS MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO MY CHILD, MY CHILD'S FAMILY, ESTATE, HEIRS, ADMINISTRATORS, REPRESENTATIVES AND ASSIGNS, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING BUT NOT LIMITED TO SUFFERING, PAIN, DISABILITY AND SEVERE INJURY (INCLUDING DEATH), THAT MAY BE SUSTAINED BY MY CHILD IN CONJUNCTION WITH MY CHILD'S PARTICIPATION IN THE CLASSES AND ACTIVITIES.

I HEREBY GRANT PERMISSION TO THE TIMOTHY MINISTRY, INC. TO SEEK MEDICAL TREATMENT FOR MY CHILD IN THE EVENT SUCH TREATMENT IS DEEMED NECESSARY AND FOR MY CHILD TO BE TRANSPORTED BY AN EMERGENCY VEHICLE TO A MEDICAL FACILITY FOR TREATMENT.

I/WE HAVE READ THE ABOVE AND UNDERSTAND AND HEREBY AGREE TO ITS TERMS.

Name of Student Participating in Field Trip

Parent's Signature

Date