Gulf Shores, AL Excursion

Name	
	Cell Phone
	City/State/Zip
Email Address	Date of Birth
Emergency Contact Information	
Name:	Relationship:
	Phone:
Doctor Name:	Phone:
Youth Excursion. I understate excursions and that unantic excursion, and I assume all	to participate in the above FIRST BAPTIST CHURCH and that there are risks and dangers involved in such ipated and unexpected situations may arise during the risks of injury to my child's person and property that may be nor arise out of the stated excursion.
participate in the described its employees, officers, and of action of any sort and agr	APTIST CHURCH'S agreement to allow my child to activity, I hereby release and discharge the CHURCH and agents of and from all claims, demands, actions and causes ree to indemnify and hold the CHURCH harmless from any d's person and/or property which arises out of his/her escribed excursion.
First Baptist Church acts solely as the agent arranging accommodations for this trip. We assume no liability in connection with restaurants or lodging used for the duration of this trip. We cannot be responsible for the loss of, or damage to, baggage or personal property.	
I hereby give my consent for First Baptist Church, its employees, and/or representatives to use my child's photograph, videotape, and/or digital recordings and likeness of my child/children with or without our name(s) in print and/or electronically, including but not limited to our website.	
I have read and	d understand the foregoing request and release.
Parent or Guardian's Signat	ure: Date: