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Shiloh Missionary Baptist Church Consent / Release Form

I or my child _____ will be participating in a Shiloh Missionary Baptist Church
Print Name

Event (SMBC): _____ Print Name Event Name that includes such activities as
Event Name

(but is not limited to): _____
Description of Activities

These activities will be held at: _____
Name and Address of Location

This Activity involves overnight stay at: _____
Leave blank if not applicable. Name and Address of Location

NOTE TO PARTICIPANT/PARENTS-GUARDIANS: Shiloh Missionary Baptist Church wants you or your child's experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Name of Participant _____ Birth date _____ Age _____ Sex _____
Last, First, Middle

Home Contact Info _____ Phone Number (____) _____ Email Address _____
Parent/Guardian/Spouse Name

Home Contact Address _____

Emergency Backup Contact Info (Different from above) _____
Name and Number

Any allergies or other medical needs? _____

Limits to activities: _____

Name of Physician: _____ Physician Phone: _____

Medical Insurance Company: _____ Policy Number/website: _____

Indemnity and Contract Agreement:

I expressly assume any and all risks of injury, illness or infectious and/or contagious diseases or sicknesses, death, or damage to my person or property arising from or relating to my or my child's participation in the Event, including travel to and from the Event. I recognize that my/my child's participation in the Event is a privilege and as consideration for this privilege, I waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Shiloh Missionary Baptist Church, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my/my child's voluntary participation in the Event and the Activities at the Event, unless arising out of the willful or negligent act of the Releasees, and I agree to indemnify the Releasees should any such loss, damage or claim occur.

I verify that I/my child named is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health.

I understand that signing this Consent/Release means, among other things, that if I am/my child is injured or dies as a result of my/their participation in the Event, I, and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my injuries or death.

Authorization for Treatment:

I/We hereby give permission to the medical personnel selected by SMBC to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes and to provide or arrange necessary related transportation for the above named person.

COVID-19:

I verify that I or child named above has not been diagnosed with COVID19 and that I/my child does NOT have nor has had any of the following symptoms of COVID19 in the past 14 days: Coughing or shortness of breath or difficulty breathing or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.

I recognize that a national emergency was declared because of the COVID-19 outbreak and that different states and/or counties/cities may be in various states of emergency. I recognize that even if SMBC has taken reasonable actions in light of COVID-19 and other coronaviruses, there is no guarantee that me or my child will not contract/transmit COVID-19 while participating, or traveling to and from, the Event and I release SMBC in the event of such an occurrence.

The Center for Disease Control has identified that certain individuals are at higher risk of severe illness if they become ill with COVID19. This includes those who have chronic lung disease, moderate/severe asthma, a serious heart condition, are immunocompromised, or have severe obesity, diabetes, or chronic kidney/liver disease or who are over the age of 65. Based on the CDC's High Risk criteria, please acknowledge your understanding and willingness to accept this risk and release SMBC from any and all liability should you or your child become ill during any part of this Event.

TRANSPORTATION AGREEMENT: The CDC and several States have recommended that youth events and activities, including camps, consider "creating social distance between individuals in motor vehicles (cars, vans, and busses)". The CDC and several States have further recommended that youth events and activities, including camps "keep individuals/campers together in small groups with dedicated staff and make sure they remain with the same group throughout the day, every day". SMBC acknowledges that transportation to and from youth events, activities and camp, can be challenging for families who desire for their kids to attend. While SMBC will make every effort to provide opportunities for individuals to socially distance, and/or wear face coverings while at these events, individuals will likely have regular interaction with other individuals in their cabin (small group), much like they would with other members in their "household". SMBC may offer to coordinate travel to and from events, activities and camp, with individuals from the same cabin (small group) in vehicles where passengers may be seated less than 6ft apart. Notwithstanding, SMBC may also take other reasonable precautions which may include cleaning and disinfecting vehicles, asking passengers to wear face coverings, etc. I acknowledge my understanding of the fact that my child may be transported in a vehicle which does not maintain at least 6ft of physical distance to and from SMBC events, activities and camp. I further release SMBC, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives from any and all liability which might result from my child becoming ill or infected with any type of contagious disease as a result of the transportation by SMBC of my child to and from these events.

____ I agree

____ I do not agree, I acknowledge that I will be responsible for providing transportation for my child to and from this SMBC Event.

Parent/Guardian Signature _____ Date _____

I hereby grant Shiloh Missionary Baptist Church permission to use, reproduce, and/or distribute photographs, films, video and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of Shiloh Missionary Baptist Church, including the Internet.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

Participant Signature _____ Date _____

FOR PARTICIPANTS UNDER THE AGE OF 18

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.

Parent/Guardian Signature _____ Date: _____

Print Parent Name _____