

**WAVIER AND RELEASE  
POCAHONTAS BAPTIST CHURCH  
4200 Kickapoo Rd.  
Jackson, MS 39209**

I, (Child's/Adult Name going) \_\_\_\_\_, certify  
that I am physically capable of engaging in a

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Furthermore, I acknowledge the risks to participate in this activity. I hereby assume all risks of injury or damages of whatever type or form associated with my participation in this activity or event.

My signature on this form also constitutes my consent for the trip sponsors to consent to medical providers diagnosing and providing medical treatment at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in this activity or associated with this activity.

Health insurance policy with: \_\_\_\_\_

Policy #: \_\_\_\_\_

A photocopy of this medical authorization shall serve as effectively as an original. I waive any claims or causes of action, including attorney's fees, I might have against Pocahontas Baptist Church, the trip sponsors, or anyone who provides medical treatment in reliance upon this agreement. I agree to indemnify and hold Pocahontas Baptist Church and the trip sponsors harmless in the event they provide medical treatment and are subsequently sued for injuries occurred on this trip.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_:

\_\_\_\_\_  
(Signature of Participant or Parent)

SUBSCRIBED AND SWORN TO before me, by \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public

My Commission expires:  
\_\_\_\_\_