



**ANNUAL PICKETT'S MILL BAPTIST CHURCH PERMISSION
CONSENT AND RELEASE FORMS
01/01/2026 – 1/01/2027**

Child _____ DOB _____ Grade _____

Address _____ City, State, Zip _____

Parent(s) names _____

Parent(s) Phone Numbers _____

Parent(s) Email _____

Child's Phone Number _____ Child's Email _____

My child has my permission to participate in the **Pickett's Mill Baptist Church** events for **01/01/2026 – 01/01/2027** that are being held at 7147 Hiram Acworth Hwy., Dallas, GA, 30157, or are held at another location but sponsored by Pickett's Mill Baptist Church. For ministry-sponsored events that are conducted/held off the ministry property, I authorize the staff of Pickett's Mill Baptist Church to transport my child, either in a ministry vehicle, or in a private vehicle driven by a ministry staff or volunteer. If there are any types of activities I do not want my child to be involved in, I have listed them below (ex.: water activities, types of sports, high-risk activities, etc).

I give permission to have my child treated in case of medical emergency. In the event of a medical emergency and I cannot be reached, I hereby authorize Pickett's Mill Baptist Church staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child. I acknowledge that Pickett's Mill Baptist Church does not provide any health insurance covering said student during the activities referred to herein, and I further acknowledge that it is my responsibility to obtain health insurance covering said student. I agree to accept the sole responsibility for the costs of medical care.

I understand and hereby agree to assume all of the risks which may be encountered at the activities sponsored by Pickett's Mill Baptist Church that my child will be attending pursuant to this consent and release form, including transportation to and from said events. In consideration of my child being permitted to participate in the

event(s) described above and other valuable considerations the receipt of which is acknowledged, I hereby agree to release, defend, indemnify, and hold harmless Pickett's Mill Baptist Church and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, and damages (including without limitation, interest, penalties, court costs, attorney's fees and expenses) resulting from or on account of injury to myself or my property in connection with any event anticipated by this form. I further release any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of GA and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form, must be handled by the church office staff of Pickett's Mill Baptist Church and not independently of the church. I acknowledge and agree that Pickett's Mill Baptist Church has full rights and discretion to conduct and direct any controversy by the means they see fit. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Parent signature _____ Relationship to child _____

Notary signature _____ Date _____

MEDICAL/INSURANCE INFORMATION

Please fill in all the information. Write "none" where needed.

Primary emergency contact person & phone _____

Alternative emergency contact & phone _____

Physician's Name _____ Phone _____

Insurance company _____

Insurance policy number _____

Known allergies & type of reaction _____

Chronic illnesses/medications _____

Medication & Dosage Form

01/01/2026 - 01/01/2027



Child's Name: _____

Date of Birth: _____

Child's Primary Physician: _____

Phone: _____

Parent/Guardian Name: _____

Phone: _____

* Please list all medications the child is currently taking, daily dosage, and any other information *

Medication	Dosage/Info

Do you give permission for your child to be given over-the-counter medication by an adult leader as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a PMBC Ministry event?

☐ **Yes. I give permission** for an adult leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

☐ **No. Contact me or get medical help** if my child has any minor medical concerns.

Parent/Guardian Signature _____ Date _____

PMBC Photo Release Form

Effective As Of 01/01/2026



I understand that by stating "Yes" when completing this form, I am giving Pickett's Mill Baptist Church permission to post photos of my child on the internet. My choice is effective until written notice is given to the office stating otherwise.

Can Pickett's Mill Baptist Church show your child's face in photos on social media and the church website? Mark only one circle.

- ☐ Yes, photos of my child can be posted on social media and the church website.
- ☐ No, **please cover my child's face** if they are in any group photos.
- ☐ No, please **do not post my child at all** on social media or the church website.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____