

**Morningside Baptist Church**  
1560 Pedrick Road, Tallahassee, Florida 32317

**Permission/Consent Form**

I, (we) \_\_\_\_\_ the parent(s) or guardian(s) of  
(Name of parent or guardian on above line)  
\_\_\_\_\_ understand that sickness and/or accidents  
(Name of youth on above line)

may occur while he/she is participating in activities sponsored by Morningside Baptist Church of Tallahassee. I realize that accidents, injury and sickness may occur during (but not limited to) routine or recreational activity, supervised or unsupervised activity and that in such cases a representative of the church will notify me of the situation as soon as possible. I understand that this notification will be secondary to the security of the group and welfare of my child.

In the event my child experiences sickness or accident, I hereby grant permission to Morningside Baptist Church and/or representative(s) to seek medical and/or dental care as deemed necessary by the adult acting on behalf of the ministry at the time of need. I also grant permission for my child to be examined and treated as deemed necessary by any physician, surgeon, dentist, emergency medical personnel, nurse or others appropriately licensed for such treatment.

I further understand that while Morningside Baptist church carries accident insurance coverage, I must first apply for benefits available through personal hospitalization and medical coverage before applying for benefits that may be available through the ministry's coverage. I understand that any personal coverage available to the participant will be the primary provider and the ministry's coverage will be secondary.

I also understand that treatment and care for my child may include but not limited to: Hospitalization, walk-in clinic care, X-rays, injections, anesthesia, prescribed medication, over-the-counter medicine, ambulance transport or emergency medical rescue. In the event that medical and/or dental treatment is needed, I agree to reimburse Morningside Baptist Church for any expenses the church incurs while seeking treatment for my child. I understand that these expenses may include but are not limited to: Ambulance service, doctors' fees, prescription drugs, over-the-counter medication, lodging due to illness, emergency room fees, walk-in clinic charges, long distance phone calls or transportation costs.

Every reasonable effort will be made to settle disciplinary problems in an accountable, productive and affirming manner. In the event, however, that my son/daughter impedes the direction and/or purpose of the event by his/her behavior and is sent home, it is my obligation to pay for all costs related to his/her return. I also understand that an attempt will be made to notify me prior to any early departure and that reasonable effort will be taken to ensure a safe early return.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Adult signature)

NOTARY  
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
This instrument was acknowledged before me on \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Notary)

## COVID Liability and Release Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing, mask wearing and frequent washing of hands.

I further acknowledge that Morningside Church can not guarantee that I or my child will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Morningside staff, membership, visitors and their families.

I voluntarily seek the participation of my child in activities provided by Morningside Church and acknowledge that I may be increasing their risk to exposure to the Coronavirus/COVID-19. I acknowledge that they must comply with procedures set by Morningside to reduce the spread while participating in activities.

I attest that:

- \* My child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- \* My child has not traveled internationally within the last 14 days.
- \* My child has not traveled to a highly impacted area within the United States of America in the last 14 days.
- \* I do not believe my child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- \* My child has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
- \* I am following all CDC recommended guidelines as much as possible and limiting my family's exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Morningside Church harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Morningside Church, or that may otherwise arise in any way in connection with any services received from Morningside Church. I understand that this release discharges Morningside Church from any liability or claim that I, my heirs, or any personal representatives may have against Morningside with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Morningside Church. This liability waiver and release extends to the Church together with all staff, membership, visitors, and employees.

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Signature

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Date

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Printed Name