



# WEST JACKSONVILLE BAPTIST CHURCH EVENT REGISTRATION FORM

Spring Spectacular 2024 / March 23rd, 2024

Parent or Legal Guardian's Name

Address

Phone Number

City / State / Zip Code

**\*\*Only register children from the same household on the same form\*\***

Child 1	Age	Gender	Grade
_____	_____	_____	_____
Child 2	Age	Gender	Grade
_____	_____	_____	_____
Child 3	Age	Gender	Grade
_____	_____	_____	_____
Child 4	Age	Gender	Grade
_____	_____	_____	_____
Child 5	Age	Gender	Grade
_____	_____	_____	_____

West Jacksonville Baptist Church routinely photographs/video records church services and events such as this because we see the value they bring in helping our ministry reach the community. We also want to respect you and your family's privacy and ask that you let us know whether you wish to be photographed or video recorded.

West Jacksonville Baptist Church volunteers/leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this program.

**YES / NO**

### Participant/Parent/Guardian Waiver Indemnity Agreement

West Jacksonville Baptist Church  
5634 Normandy Blvd  
Jacksonville, FL 32205; 2022

Program/Activity & Date: Spring Spectacular 2024 / March 23rd, 2024

In consideration of your accepting me or my child/children for participation in the above named program(s), activity(ies), or sport(s), I hereby, for myself, my heirs, executors, and administrator, waive and release any and all rights and claims for damages that I may have against West Jacksonville Baptist Church and its pastor, pastoral staff, deacons, agents, employees, representatives, successors, and assigns for any and all injuries suffered by myself or my child/children that arise out of the above named program(s), activity(ies), or sport(s) sponsored by the church.

I further agree and authorize any pastoral staff, deacons, agents, employees, representatives, successors or one assigned by West Jacksonville Baptist Church to seek medical treatment deemed necessary for any accident or illness that results from the above named program, activity, or sport sponsored by the church for the above named participant. I warrant that I have the right to authorize the forgoing and hereby agree to hold the church or its representatives harmless of and from any liability of whatever nature which may arise out of or result from such participation.

In the event of an emergency wherein medical attention is needed for one of my children, I further authorize any representative assigned by West Jacksonville Baptist Church to transport, if needed, my remaining children to any such location as deemed necessary to facilitate meeting the designated contact for my family. I further warrant that I have the right to authorize the forgoing and hereby agree to hold the church or its representatives harmless of and from any liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child/children or I should make any claim against the church for damages arising out of the above named program, activity, or sport, I will personally indemnify, defend, and hold harmless the church, pastor, pastoral staff, deacons, agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all of the conditions contained herein.

\_\_\_\_\_  
Parent or Legal Guardian (PRINT)

\_\_\_\_\_  
Parent or Legal Guardian (SIGNATURE)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Receiving Form (WJBC Use Only)