



6800 S. Hurstbourne Pkwy. Louisville, KY 40291
Church Office: 502-491-8301
Rev. Dr. Daniel Corrie Shull, Senior Pastor
www.burnettavebapt.com

Spring Break College Tour 2025 Application

STUDENT INFORMATION AND MEDICAL CONSENT

Student Name _____ T-Shirt Size _____

Date of Birth _____ Age _____ Circle One: Male or Female Grade _____

Name of School _____

What church are you a member of? _____

What ministries or activities do you participate in at your church? _____

Cell Number - Student () _____ - _____ Cell Number - Parent: () _____ - _____

E-Mail- Student: _____

E-Mail-Parent: _____

Address _____ Apt./Unit # _____

City _____ State _____ Zip Code _____

Parent/Guardian #1 Name _____ Cell/Work Phone () _____ - _____

Parent/Guardian #2 Name _____ Cell/Work Phone () _____ - _____

If not the Parent, please state Guardian's Relationship to student _____

Emergency Information

In an emergency we will contact Parent/Guardians first. Please list others, NOT THE PARENT / GUARDIAN, that we can contact should an emergency occur, and we cannot reach parent / guardian listed above.

Emergency Contact #1 _____ Relationship _____

Cell Phone Number () _____ - _____ Home/Work Phone () _____ - _____

Emergency Contact #1 _____ Relationship _____

Cell Phone Number () _____ - _____ Home/Work Phone () _____ - _____

Family Physician _____ Office Phone () _____ - _____

I give permission to Burnett Avenue Baptist Church and College Tour representatives to obtain necessary emergency medical treatment and to transport my child to the nearest hospital, with the understanding that my family will be notified as soon as possible. I hereby consent to my child's participation in the 2024 College Tour and release Burnett Avenue Baptist Church and the College Tour representatives from all liabilities associated with the provision of this service. I understand that my child will be on a bus between Louisville, KY and destinations, with stops in between. I give permission for photos to be used in brochures, websites and other materials released to the public.

Parent/Guardian Signature

Date

Additional Information

PLEASE LIST ANY MEDICAL AND/OR BEHAVIOR PROBLEMS ALONG WITH MEDICATION AND DOSAGE.

MEDICAL CONDITIONS:

BEHAVIORAL ISSUES:

***** ATTACH a copy of the current Insurance Card that covers this student. Applications will not be accepted without Insurance Card. *****

PARENT PERMISSION AND RELEASE FORM

As the undersigned parent/guardian of _____, I hereby give permission for the above named student to participate in all activities, fundraisers, workshops, and tours which are part of the Burnett Avenue Baptist Church College Tour Program. In consideration of the advantages of all related activities, the undersigned agrees that Burnett Avenue Baptist Church, all agents, College Tour representatives, volunteers, employees, drivers and/or owners of vehicles used for the program shall be released from liability for bodily injuries or property damage that might occur during the activities and tour. I also understand and approve the transportation for the program provided by the selected Motor coach company being used for out of city/state travel. I understand and authorize Burnett Avenue Baptist Church to take photographs or video recordings of my child during participation of all activities and be shared on social media sites.

Parent/Guardian Signature

Date

ALL APPLICATIONS MUST BE FILLED OUT COMPLETELY, SIGNED WITH A HANDWRITTEN SIGNATURE, AND DATED BY PARENT OR GUARDIAN BEFORE BEING ACCEPTED! \$75 DEPOSIT, AND COPY OF INSURANCE CARD MUST ACCOMPANY APPLICATION.

Forms of payment accepted: Cash; Check or M. O. payable to BABC; Online/electronic payments MUST cover fees.

Total Cost of Tour is \$375 plus food and incidentals for the week.



Waiver of Release and Liability

BURNETT AVENUE BAPTIST CHURCH 2025 COLLEGE TOUR PROGRAM

I, _____ the parent/legal guardian of _____ (the “Student”) do hereby voluntarily give permission for my Student to attend the Burnett Avenue Baptist Church College Tour Program (“CTP”), which is being sponsored by Burnett Avenue Baptist Church (“BABC”) and to participate in all CTP activities.

I. Acknowledgment of CTP Rules and Agreement for Compliance

I agree, warrant and represent that my Student shall at all times abide by all BABC and CTP rules and guidelines and the direction of the CTP staff. I acknowledge and agree that my Student’s failure to abide by any of the CTP or BABC rules or the direction and guidance of BABC staff may result in my Student being withdrawn from CTP; BABC reserves the right to remove Student from CTP in the event Student fails or refuses to abide by the rules and guidelines of CTP, causes harm (physical, mental or spiritual) to another student in CTP, or commits an act that reflects negatively on CTP or BABC. I acknowledge that CTP rules and guidelines are in place to promote the safety and well-being of my Student and other CTP students and I promise to review these rules and guidelines with my Student.

II. Waiver and Release of Liability

I recognize and acknowledge that CTP may involve travel and moderate physical activities that may occur indoors and outdoors. My Student is able to participate in any such activities and the Student has my specific permission to do so under the guidance of staff of CTP and BABC and according to the rules and guidelines of CTP. I recognize there is a certain amount of risk in any activity, and I fully accept the risk of my Student’s participation in CTP activities. I hereby voluntarily release BABC, any and all members of the CTP staff, and all BABC employees, officers, directors, agents and staff from any liability for damages related to any accident or injury (whether physical, emotional, financial or otherwise) of the Student that may occur in relation to CTP, whether foreseen or unforeseen, and waive any and all claims or causes of action against BABC for any such injuries or damages. My release and waiver as described herein shall bind Student and all my heirs, successors, agents and representatives from bringing any claims for injuries or damages related to my Student’s participation in CTP. In the event my Student needs medical attention, I authorize the CTP staff to seek medical treatment, including, but not limited to, administering CPR and transportation to a hospital or the office of a licensed medical professional, as they may deem necessary, and I agree to be responsible for all costs that may result from such treatment.

In addition to the foregoing, I voluntarily and unconditionally consent to BABC photographing or recording me or my Student and using the photographs or recordings for promotional and/or archival purposes. I waive any and all copyright interests or any other intellectual property rights that might be related to such photographs

or recordings, including rights to name, image or likeness as they may be associated with CTP or other BABC activities and agree to hold BABC harmless from any claims that might be related thereto.

Name of Student

Parent/Legal Guardian (printed name)

Parent/Legal Guardian (signature)

Date

Witness (signature)

Date