

*Project Big Bend*  
*Lack of Family Insurance Coverage Wavier*

Please provide a copy of guarantor's driver's license

Guarantor's Name: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Participants Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

My child does not have medical insurance and I understand that I am liable for and cost or damages that are incurred while seeking any medical attention. I hereby release the Florida Baptist Association and any Project Big Bend officials from all liabilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_