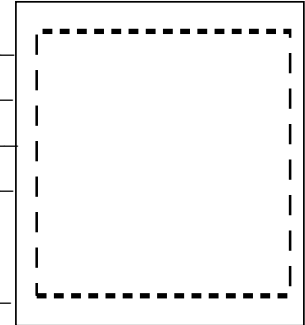


# Parental Consent and Liability Release Form 2021

PARTICIPANT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ 2020-2021 GRADE \_\_\_\_\_  
PARENT(S)/GUARDIAN NAME(S) \_\_\_\_\_  
WORK PHONE/ CELL PHONE \_\_\_\_\_ / \_\_\_\_\_  
WORK PHONE/ CELL PHONE \_\_\_\_\_ / \_\_\_\_\_



Please click area above to  
attach a current photo  
of the Participant

## **TO WHOM IT MAY CONCERN:**

The undersigned do(es) hereby give permission for our (my) child:

\_\_\_\_\_ ("Participant") to attend and participate in **STUDENT MINISTRY EVENTS** sponsored by the **Champion Forest Baptist Church Student Ministry in 2021.**

**LIABILITY RELEASE:** In consideration of **Champion Forest Baptist Church** allowing the Participant to participate in youth ministry events, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Champion Forest Baptist Church**, its trustees, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth ministry events. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry events, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** We (I) authorize an adult, in whose care the Participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for Participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for Participant to ride in any vehicle driven by an approved volunteer chaperone while attending and participating in youth ministry events sponsored by **Champion Forest Baptist Church**. Participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

*\*Photo Release: We (I) give Champion Forest Baptist Church the right to use video or still shot photography of Participant for any appropriate promotional or publicity use.*

## **Emergency Contacts in case Parent/Guardian cannot be reached:**

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

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Champion Forest Baptist Church Medical Release Form 2021**

1. Any known allergies (food, insects)?

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2. Any known allergies to medications?

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3. List all medications presently taking, including strength & dosage:

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4. Check all that apply: Asthma \_\_ Diabetes \_\_ Dizziness \_\_ Heart Trouble \_\_  
Kidney Trouble \_\_ Mental Health Issue \_\_ Stomach Upset \_\_ Other \_\_\_\_  
(Please explain all of the above)

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5. List past surgeries with dates

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6. List any physical disability or limitations

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7. Year of last tetanus shot (*if given within 10 years, it is current*)

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8. Name and phone of participant's physician

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Please attach copy of the front of your health insurance card

Please attach copy of the back of your health insurance card

\_\_\_\_\_ If no insurance, please check here