

**Calvary Baptist Church**  
**PARENT/GUARDIAN PERMISSION & MEDICAL LIABILITY RELEASE**

**PARENT/GUARDIAN PERMISSION**

I hereby give my permission for my child \_\_\_\_\_ to attend Youth Ministry events that are sponsored by Calvary Baptist Church in accordance with the calendar year of January 1, 2018 – December 31, 2018. I understand that third party camps, retreats, events or conferences may require their own liability release in addition to this one.

By my signature below, I hereby agree that should it be necessary for my child to return home before the end of any Youth Ministry event due to medical reasons, disciplinary action or reasons deemed necessary by representatives of Calvary Baptist Church, I will assume all transportation costs.

**MEDICAL RELEASE**

I hereby grant permission for my child \_\_\_\_\_ to participate fully in any Youth Ministry event and further grant permission to take my child to a doctor, hospital or other medical treatment facility and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical or surgical diagnosis or treatment, x-ray examination, anesthetic and hospital care that may be deemed necessary for my child in the best judgment of the attending physician or surgeon and performed by or under the supervision of a member of the medical staff of the hospital or medical facility furnishing medical services in my absence and/or if unable to reach me at the numbers listed below on this form. Further, I assume the responsibility for all medical costs and transportation fees, if any.

**LIABILITY RELEASE**

In consideration for being accepted for participation in any Youth Ministry event, whether locally or out-of-town, whether sponsored directly or indirectly by Calvary Baptist Church, I being 21 years of age or older for myself and spouse do hereby release, forever discharge and agree to hold harmless Calvary Baptist Church and its representatives, drivers, ministers and trustees thereof from any and all liability, claims, or demands for personal injury, sickness or death as well as property damage and expense of any nature whatsoever which may be incurred by the undersigned and the child participant that may occur while said child is participating in a Youth Ministry event.

Furthermore, I hereby am aware and assume all risks of personal injury, hazards of accidents, sports activities, travel by automobile and/or other means, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is hereby given to Calvary Baptist Church and its representatives to furnish any necessary transportation, food and lodging for my child.

I hereby agree to hold harmless and indemnify Calvary Baptist Church and its representatives, drivers, ministers and trustees thereof for any liability sustained by Calvary Baptist Church and its representatives, drivers, ministers and trustees as a result of the negligent, willful or intentional acts of my child, including expenses incurred thereto.

**PARTICIPANT PERSONAL INFORMATION**

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

Medical Information:

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies:

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

Medications:

\_\_\_\_\_

Conditions:

Mobile Telephone: \_\_\_\_\_

Physician Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Physician Telephone: \_\_\_\_\_

Special Diet:

Date of last Tetanus Shot: \_\_\_\_\_

**PARTICIPANT INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(Please attach a copy of insurance card to this form.)*

**SECONDARY INSURANCE INFORMATION**

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

Policy Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(Please attach a copy of secondary insurance card to this form.)*

**PARENT(S)/GUARDIAN(S) INFORMATION**

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

Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

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

Person to contact in case of emergency: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of this event.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_

I hereby authorize Calvary Baptist Church and its representatives to take my child named above and hereby agree to all instructions, policies and information stated herein.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

(Please Print Name): \_\_\_\_\_

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

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public Seal \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

