



Temple Baptist Church Consent and Medical Release Form

This form is required for participation in any event off site.

To Whom It May Concern: I (parents/guardians name) _____, parent or guardian of (students name) _____ do hereby allow the named child to attend and participate in the activities and events of Temple Baptist Church during the year 2010. I agree and consent to have the staff members, leaders and/or counselors, under whose auspices the program is conducted, and any other worker in the program approved as parent to secure any emergency medical care or treatment that may be necessary for my child during these activities, including transportation to and from any and all destinations. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured by and/or for my child. Should I, the participant, be 18 years of age or older, I hereby agree to all of the above concerning myself.

I being 18 years of age or older, do for myself (and on behalf of my child, if said child is not 18 years of age or older), hereby release, forever discharge and agree to hold harmless Temple Baptist Church and the directors thereof, from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and/or the child and/or that may occur while said child is participating in any youth group activity.

Furthermore, I (and on behalf of my child if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, or damage as a result of participation in any activities involved therein.

The undersigned further hereby agree to indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant.

I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in the activities of Temple Baptist Church, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to disciplinary action, for medical or otherwise, I hereby assume all transportation costs.

Participant's signature _____, **Participant's Birth date** _____, **Age** _____

Parent/Guardian Signature _____ **Relationship to participant** _____

Home Address _____

Telephone (daytime) _____ (Evening) _____ (Cell) _____

Emergency contact (name) _____ Telephone _____

Do you carry medical/hospital insurance? _____ (If yes, continue below. If no, leave below blank.)

Name of insurance company _____ Policy or group # _____

Does the participant have any medical condition(s) / allergies that any medical professional or we should be aware of? If so, please list them here: (continue on back if necessary) _____
