

# CALVARY BAPTIST STUDENT MINISTRY

## EVENT PARTICIPATION PERMISSION AND LIABILITY RELEASE AGREEMENT

I, the undersigned legal guardian/parent of (CHILD'S NAME) \_\_\_\_\_, hereby grant permission for my child to participate in the event mentioned below sponsored by Calvary Baptist Church, Staunton, VA. I grant permission for my child to travel to and from these event(s) (as needed) in a church vehicle and/or approved leader vehicle under the supervision of adult chaperones determined by the approved youth leader. I release, hold harmless, and forever discharge CBC, its members, agents, volunteers, and employees from all liability, action, damage, claim, or judgment for injury to the person or property of my child that may occur as a result of my child's participation in this activity - accrued or un-accrued, vested or contingent, known or unknown.

Parent/ Guardian Name: (PLEASE PRINT) \_\_\_\_\_ Mobile # \_\_\_\_\_

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

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Medical Insurance Company (name, policy #, group #): \_\_\_\_\_

Primary Physician (name, phone #): \_\_\_\_\_

Emergency Contact: (name, phone #, relation) \_\_\_\_\_

Allergies known: \_\_\_\_\_ DOB: \_\_\_\_\_

Daily/ Current Medication & Dosage: \_\_\_\_\_

Other Existing Medical Conditions or Special Instructions for your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Please read & fill in the appropriate information:**

I hereby authorize the adult "Student Ministry" leaders of Calvary Baptist Church, Staunton, VA to assume responsibility for the care of my child, \_\_\_\_\_ in the event of a medical emergency arising while my child is in the church's care and custody and to obtain medical and/or surgical treatment for my child. The Student Ministry leaders shall have the right to authorize health care providers to administer any treatment and/or to administer such anesthetics and/or to perform such operations as may be deemed reasonably necessary and/or advisable in the diagnosis and treatment of my child, and to sign such consents as may be required for these purposes. In providing health care services to my child any health care provider shall have the right to rely on this authorization and any consent signed by the above chaperone on behalf of my child in the absence of actual knowledge of its revocation. When acting pursuant to this authorization, the chaperone above shall be deemed to stand in loco parentis for my child.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_