

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 judgement 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.

Print Name: _____ Relationship: _____ Date ___/___/___

Signature: _____

By signing, you understand that you are giving consent for your child, _____ photos to be used for any legal use, including but not limited to publicity, copyright purposes, illustration, advertising, video, and web content. No royalty, fee or other compensation shall become payable to you by reason of such use. If you are unable to complete this photo release you agree to notify the Youth Pastor of the said minor upon arrival of the event.

Print Name: _____ Relationship: _____ Date ___/___/___

Signature: _____