

Candies Creek Baptist Church
Parent/Guardian Consent and Liability Release Agreement

Name of Participant _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Name of Parent(s)/Guardian(s) _____ Parent/Guardian Home Phone _____
Father Cell _____ Father Work _____
Mother Cell _____ Mother Work _____

CONSENT AND LIABILITY RELEASE AGREEMENT

I, _____ (parent/guardian) hereby authorize _____ (the "Student") to participate in the activities and events provided by or related to Candies Creek Baptist Church (the "Church"), which includes, without limitation, any related transportation and boarding/housing while participating in activities or events with the Church from _____, 2016 to _____, 2016 (the "Activities"). In consideration for Student's participation in the Activities, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby:

- Verify and confirm that the information I provided on this form is correct;
- Authorize such emergency or other medical treatment of Student as may be deemed advisable in the event of accident, injury, or illness including, but not limited to, the transportation of Student to and from any treating medical facility during the Activities;
- Indemnify, hold harmless, and forever discharge the Church, any of its affiliates, divisions, members, directors, officers, employees, volunteers, agents and/or any other participant in the Activities, whether or not a member of the Church, from any and all liability, claims, demands, cause of actions, or costs, past, present, or future arising out of or related to any loss, injury, damage, expense, or wrongful death whatsoever that may arise out of Student's participation in and/or presence at the Activities;
- Indemnify, hold harmless, and forever discharge the Church, any of its affiliates, divisions, members, directors, officers, employees, volunteers, agents and/or any other participant in the Activities, whether or not a member of the Church, from any and all liability, claims, demands, cause of actions, or costs for any loss or damage to the personal property of or personal injury to any third party resulting from Student's participation in and/or presence at the Activities;
- Assume and accept all risks and hazards of loss, damage, or injury that may arise out of or relate to Student's participation in and/or presence at the Activities;
- Irrevocably and unconditionally release, waive, and discharge the Church, any of its affiliates, divisions, members, directors, officers, employees, volunteers, agents and/or any other participant in the Activities, whether or not a member of the Church, from any and all claims, demands, liabilities, or judgments of any nature now or hereafter existing, whether known or unknown including, but not limited to, all liability for any loss, damage, injury, claim, expense, or wrongful death related to Student as a result of or related to Student's participation in or presence at the Activities whether caused by the negligence of the Church, any of its affiliates, divisions, members, directors, officers, employees, volunteers, agents and/or any other participant in the Activities, whether or not a member of the Church or otherwise; and
- Agree to bear the sole responsibility for any medical expenses which Student may incur while participating in and/or present at the Activities, whether for injury or illness, and whether required as a result of the Student's participation in and/or presence at the Activities or not and to provide medical insurance for Student who is participating in and/or presence at the Activities.

I warrant that I have fully read and understand this Consent and Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Signature of Parent/Guardian _____ Date _____

MEDICAL AND INSURANCE INFORMATION

Insurance Company _____ Name of Insured _____ Policy # _____

Group _____ Mailing Address for Claims _____

Student Physician _____ Student Physician Phone _____

Medical Conditions _____

Medications _____

Allergies _____

Date of Last Tetanus Shot _____

Emergency Notification

In event of an emergency and a parent/guardian cannot be reached, please contact the following:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Photography Consent

I hereby give permission for the use of any photographs, movies, and audio or video tapings of Student related to the Church to be used for the Church's educational or religious purposes, media coverage, or for publicity benefitting educational or religious purposes.

Signature of Parent/Guardian _____ Date _____