



Form #7 Rev.3
JANUARY 2009-JANUARY 2010

**YEARLY PARENT CONSENT
AND LIABILITY FORM**
(both sides of this form must be completed)

Participant Name: _____ Age: _____ DOB : _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (H) _____ (C) _____

Father's Name: _____
Phone: (W) _____ (C) _____
Mother's Name: _____
Phone: (W) _____ (C) _____

*Contact Person (other than parents if there is an emergency and the parents cannot be reached:

Name of Contact: _____ Relation to Student: _____
Phone: (H) _____ (W) _____ (C) _____

To whom it may concern:

The undersigned do hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by ELDERS BAPTIST CHURCH. In consideration for being accepted by ELDERS BAPTIST CHURCH for participation in church events, for and on behalf of my child-participant if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless ELDERS BAPTIST CHURCH and the directors, employees and agents thereof from any and all 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 child-participant while said child is participating in an event at, or sponsored by, ELDERS BAPTIST CHURCH. Furthermore, we (I) on behalf of our (my) child-participant if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

We (I) are the parents(s) or legal guardian(s) of this participant, hereby grant our (my) permission for him (her) to participate fully in an event, and hereby give our (my) permission to ELDERS BAPTIST CHURCH to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for ELDERS BAPTIST CHURCH to furnish any necessary transportation, food, and lodging for this participant.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Hospital insurance? Yes ___ No ___ Insurance Company _____
Policy Number _____ Group Number _____
Physician _____ Phone _____

Please list any medical difficulties for which currently being treated: _____

Please list any allergies or special medical problems your child may have. _____

Please list any medications to which you are allergic: _____

*We (I), the undersigned, do understand that as a participant, my child may be photographed or videotaped during the activity or event. We (I) also understand that these pictures or videos may be used for promotional materials or on the church Website. We (I) give ELDERS BAPTIST CHURCH permission to use these pictures or videos of my child in the church's promotional materials.

Check one: Yes _____ No _____ Only pictures _____ Only videos _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____