

Parental Consent and Liability Release Form 2021

PARTICIPANT'S NAME: _____

DATE OF BIRTH (m/d/y): _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

PARENT(S)/GUARDIAN NAME(S): _____

TO WHOM IT MAY CONCERN: The undersigned do(es) hereby give permission for our (my) child:

_____ ("Participant") to attend and participate in
CHILDREN/YOUTH MINISTRY EVENTS sponsored by the East Philadelphia Baptist Church in 2021.

LIABILITY RELEASE: In consideration of East Philadelphia Baptist Church allowing the Participant to participate in ministry events, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless East Philadelphia Baptist Church, its trustees, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the ministry events. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in ministry events, including trips away from the church premises. Furthermore, we (I) [and on behalf of our (my) minor Participant] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the Participant has been entrusted, to consent to any emergency 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 provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. 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 or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for Participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for Participant to ride in any vehicle driven by an approved volunteer/chaperone while attending and participating in ministry events sponsored by East Philadelphia Baptist Church.

***Photo Release:** We (I) give East Philadelphia Baptist Church the right to use video or still shot photography of Participant for any appropriate promotional or publicity use.

Emergency Contacts in case Parent/Guardian cannot be reached:

Name: _____

Phone: _____

- Any known allergies (*food, insects, plants*)? _____
- Any known allergies to medications? _____

List all medications presently taking, including strength & dosage:

Check all that apply: Asthma , Diabetes , Dizziness , Heart trouble , Kidney Trouble ,
Stomach Issues , Mental Health Issues , Other , (*Please explain each as necessary*).

Year of last tetanus shot (*if given within 10 years, it is current*) _____

If "Participant" has received Covid-19 vaccination shots (2x), please check here:

Participant's physician: Name _____, phone _____

If no insurance, please check here:

*****Please attach copy of your health insurance card.***

Parent/Guardian Signature

Date (m/d/y)

Notary

Date (m/d/y)