

## PARENT PERMISSION, RELEASE AND CONSENT FORM

Child/Student Information			
Child's Name:		Male ( ) Female ( )	
Address:		City:	Zip:
Date of Birth (mm/dd/yyyy):		Current Grade:	
Parent/Guardian Information			
Parent/Guardian Name:		Home/Cell Phone:	
Address:		City:	Zip:
Emergency Contact & Medical Information			
Emergency Contact Person:		Contact Phone Number:	
Physician Name:		Contact Phone Number:	
Medical Problems/Allergies/Food Restrictions:			
Medications taking:		Tetanus Inoculation Date:	
Activity restrictions, if any:			
Health Insurance Information			
Health Insurance Co.		Policy Number:	Group Number:
Insurance Co. Phone Number:			

### PARENT/GUARDIAN PERMISSION

I, the undersigned, being the parent or legal guardian of the child named above, give permission for our child/minor to attend and participate in **Girls Retreat** sponsored by Dallas Bay Baptist Church from **3/23** through **3/24**, 2018. I certify that my child/minor is physically fit and adequately prepared to participate in this event. I further understand that Dallas Bay Baptist Church screens all drivers and maintains proper vehicle insurance coverage.)

### MEDICAL TREATMENT AUTHORIZATION

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in **Girls Retreat**; every reasonable effort will be made to contact the parent/guardian and emergency contacts listed. If unsuccessful in contacting the persons listed, consent/permission is hereby given for treatment by competent medical personnel. Furthermore, unless specified otherwise, consent/permission is hereby given to all accompanying adult staff or volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery as recommended by qualified medical personnel. If possible, the adult leader should make final decisions in cooperation with medical personnel. I agree that my insurance company will be used for such medical care expenses, and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any and all medical bills.

### **LIABILITY RELEASE**

(I), the undersigned, do hereby release, forever discharge and agree to hold harmless Dallas Bay Baptist Church, its directors, 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(s) while involved in **Girls Retreat**. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation **Girls Retreat** involved therein. 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(s), including expenses incurred attendant thereto.

### **PHOTOGRAPH WAIVER**

I give consent for my child/minor to be photographed, videotaped or filmed while participating in \_\_\_\_\_ for the resulting images to be used by Dallas Bay Baptist Church for promotional purposes.

( ) I give consent      ( ) I do not give consent

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_