

Dallas Bay Baptist Church, Hixson, TN
PARENT PERMISSION, RELEASE AND CONSENT FORM
 Children's Camp July 16-19, 2018

Child/Student Information		
Child's Name:	Male () Female ()	
Address:	City/State:	Zip:
Date of Birth (mm/dd/yyyy):	Grade Completed:	T-shirt Size: <small>Indicate Youth or Adult</small>
Parent/Guardian Information		
Parent/Guardian Name:	Home/Cell Phone:	
Address:	City/State:	Zip:
Emergency Contact & Medical Information		
Emergency Contact Person:	Phone Number:	
Physician Name:	Phone Number:	
Allergies/Medical Problems/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 my child/minor to attend and participate in **Children's Camp** sponsored by Dallas Bay Baptist Church from **07/16/18** through **07/19/18**. 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 **Children’s Camp**; 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 **Children’s Camp**. 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 in **Children’s Camp** 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

By signing this document I give consent for my child/minor to be photographed, videotaped or filmed while participating in Children’s Camp, and for the resulting images to be used by Dallas Bay Baptist Church for promotional purposes. I also allow the church to post photos and video to various social media.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date Signed: _____

Notary Seal, Date and Signature
