

FIRST BAPTIST CHURCH OF DARIEN, GEORGIA
Church Sponsored Activity Permission Form

Event: _____ Date: _____ Return Date: _____

WAIVER OF LIABILITY
Read Carefully Before Signing

We hereby release and forever discharge the First Baptist Church of Darien, the members individually and the officers and the staff from any and all claims, demand rights and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with the child's/youth's participation in the above activity or event.

I give my permission for my child/youth to participate and travel, with the understanding adequate adult supervision is provided.

Should any medical emergency arise, I authorize the supervising adults to provide or obtain medical care for my child/youth during this trip (Parent will be notified before treatment, if medical emergency allows, and parent can be reached in time). Parent will be notified on all occasions deemed necessary.

We (I) authorize an adult, in whose care the minor has been intrusted, to consent to any X-ray examination, anesthetic, 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 or 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 our (my) child/youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Baptist Church, Darien, GA.

WE HEREBY CERTIFY THAT WE HAVE READ AND UNDERSTOOD THE ABOVE:

CHILD'S NAME: _____ (PRINT NAME)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

NOTARY PUBLIC _____

SIGNED OF THIS _____ DAY OF _____

MY EXPIRATION EXPIRES _____

NOTICE: (NOTE: If parent is accompanying child, notary not necessary)

(Other forms on code of conduct may require the signature of parent and child/youth participating)