

# Liability Release and Parental Consent Form 2019

In consideration for being accepted by the **Student or Kids Ministry of College Acres Baptist Church, Wilmington, NC** for participation in all 2019 activities, events, camps, retreats, trips, or recreation programs, on church property or off church property, in state or out of state, I/we, being 21 years of age or older, do, for myself/ourselves and for and on behalf of my/our child/participant, if said child is not 21 years of age or older, hereby release, forever discharge, and agree to hold harmless College Acres Baptist Church, the directors, trustees, professional staff and/or sponsors, 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 undersigned and the child/participant that occur while said child is participating in all activities. Furthermore, I/we and on behalf of my/our 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.

Further, authorization and permission are hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned hereby agrees to hold harmless and indemnify said church, its directors, trustees, professional staff, and/or sponsors 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.

I/we are the parent(s) or legal guardian(s) of this participant and hereby give my/our permission to take said participant to any licensed physician or licensed dentist who is licensed under the Medical Practice Act, or the medical staff of a licensed hospital or clinic, whether such care or treatment is rendered at the office of said physician or at said hospital. I/we do hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatment, X-ray, anesthetic, or dental treatment, and I/we assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions, or otherwise, I/we hereby assume all transportation costs. I/we understand the decision for any participant to return home shall be determined by the group leader and chaperones leading the activity after careful consideration of the impact of the situation.

I/we are the parent(s) or legal guardian(s) of this participant and hereby grant my/our permission for him/her to participate in all activities.

Also, I/we understand that as a participant, my child and/or I/we may be photographed or videoed and these photos and/or videos may be used in promotional reports or videos.

Participant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Parent(s) or Guardian Name(s): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

State of North Carolina  
County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public, do hereby certify that \_\_\_\_\_ (name of individual(s) whose acknowledgment is being taken) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Official Signature of Notary Public

\_\_\_\_\_ Printed Name of Notary Public

My commission expires: \_\_\_\_\_

**Medical Information**

**Please Complete the Following Information.**

Does the participant have any known allergies (including food)? \_\_\_Yes (list below) \_\_\_No

Food \_\_\_\_\_

Penicillin or Other Drugs \_\_\_\_\_

Insect Sting/Bites \_\_\_\_\_

Plants/Other allergies \_\_\_\_\_

Does the participant have any known medical problems? \_\_\_Yes (list below) \_\_\_No

\_\_\_\_\_

\_\_\_\_\_

Has the participant received all immunizations as required by North Carolina State Law? \_\_\_Yes (check below) \_\_\_No

\_\_\_Polio Booster \_\_\_Measles \_\_\_Mumps \_\_\_Tetanus (Date of last Tetanus) \_\_\_\_\_

If answered no, please explain why not

\_\_\_\_\_

Has the participant had any of the following childhood Diseases? \_\_\_Yes (check below) \_\_\_No

\_\_\_Chickenpox \_\_\_Measles \_\_\_Mumps \_\_\_Whooping Cough \_\_\_Other

Does the participant currently take any prescribed medications? \_\_\_Yes (list below) \_\_\_No

\_\_\_\_\_

Prescription medications must be sent in the original container with instructions, placed in a zip-lock bag, and given to a group leader before any trip.

The group leaders have permission to give non-prescription medications to participants if they determine it is in the best interest of said participant. \_\_\_Yes \_\_\_No

\_\_\_Yes, restricted to the following:

\_\_\_\_\_

**Signature of Parent(s) or Legal Guardian(s)**

**Date Signed**

Additional Information about participant group leaders should know

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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