



## BETHEL BAPTIST CHURCH LIABILITY AND RISK WAIVER 2014

I, \_\_\_\_\_, the undersigned, give my permission for my child \_\_\_\_\_, a minor, to take part in off-premises events which may require transportation and supervision by Bethel Baptist Church employees and volunteers.

- I agree to allow my child to participate in events.
- I hereby grant permission for publication of photos taken at youth events.
- I agree and understand that transportation may be provided in such form and at the discretion of Bethel Baptist Church.
- I also authorize Bethel Baptist Church and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.
- I, the undersigned parent or legal guardian and child do hereby release Bethel Baptist Church, its employees and chaperones of all liability and claims of whatever kind or nature (including, but not limited to, injuries and death) arising out of or resulting from the participation of my child in these activities.
- I understand these requirements and comply.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Emergency Information

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Allergies (food, drugs, insects, etc): \_\_\_\_\_

Medications (name, dosage, reason): \_\_\_\_\_

Other information (injuries, etc.): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group or ID#: \_\_\_\_\_

### **Parent/legal guardian phone numbers:**

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency contact (in case parents can't be reached): \_\_\_\_\_  
(Name and Phone Number)

By initialing here \_\_\_\_\_ I give permission to administer Tylenol (acetaminophen) or Advil (ibuprofen) to my child as needed.

### **Notary Public**

City/County of \_\_\_\_\_, Virginia

The foregoing instrument was signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2014 by

\_\_\_\_\_  
Notary Public Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_