

CALVARY BAPTIST CHURCH MINISTRIES

Permission/Waiver Form

Name of Child or Adult Participant (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of **Calvary Baptist Church Ministries** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release **Calvary Baptist Church Ministries** and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **Calvary Baptist Church Ministries** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **Calvary Baptist Church Ministries** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Calvary Baptist Church Ministries** to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. I also agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name _____ Relation _____

Home Phone _____ Work Phone _____

Cell Phone _____

Name _____ Relation _____

Home Phone _____ Work Phone _____

Cell Phone _____

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information

Other information leaders should know about the child or adult participant:

Use if the Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of **Calvary Baptist Church Ministries**, including any special events/activities. In consideration for allowing the participation of the child in the activities of **Calvary Baptist Church Ministries**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____

Date _____