



## Children's Events and Activities Parental Consent and Release Form

### Parties

This Release from Liability ("Release") is made this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by and between Liberty Baptist Church ("Church") and \_\_\_\_\_ ("Releasor") on behalf of his/her minor child, \_\_\_\_\_ ("Child").

### Personal Information

Child's Age \_\_\_\_\_ Child's Grade \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Event and Activities

Liberty Baptist Church will be conducting the following Event, which will include the Activities listed.

Event \_\_\_\_\_

Activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Consideration

In consideration of participation in the above-listed event, Releasor does hereby grant this Release of Liability, Indemnification, and grant Consent for Child's participation.

### Medical Information

Is sponsor authorized to obtain medical treatment?       Yes       No

Is participant covered by personal/family medical insurance?       Yes       No

If yes, name of insurer: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Allergies \_\_\_\_\_

Surgeries \_\_\_\_\_

Medications \_\_\_\_\_

Does your child suffer from

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy/Seizure Disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Stomach Issue	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Other: _____

**Emergency Information**

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parental Consent, Release, and Indemnification**

1. Releasor consents to the participation of Child in the above listed Event and Activities.
2. Releasor certifies that Child is physically and emotionally able to participate in the above listed Event and Activities.
3. Releasor certifies that he/she executes this release freely, voluntarily, and after sufficient review.
4. Releasor certifies and he/she has the authority to release Church from any and all claims and has not transferred such authority to any other person.
5. Releasor authorizes the agents of Church to make emergency medical decisions on behalf of Child in the event Releasor cannot be reached. Releasor acknowledges that he/she will ultimately be responsible for the cost of any medical care provided to Child.
6. Releasor agrees to release and indemnify the Church, its pastors, trustees, directors, officers, employees, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during the course of the Child's involvement in the Event.
7. This Release does not extend to claims of intentional acts, gross negligence, or willful or wanton conduct arising from Child's participation in above listed Event and Activities. Releasor agrees to attempt to settle all such claims through good faith negotiation with Church. If good faith negotiation fails, Releasor agrees to attempt to settle all such claims through mediation with a professional mediator. If mediation fails, Releasor agrees that the laws of the Commonwealth of Virginia shall govern and the jurisdictional forum shall be the Commonwealth of Virginia.

**Signatures**

\_\_\_\_\_  
Releasor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Releasor

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Authorized Church Representative

\_\_\_\_\_  
Date