

Please complete both sides of form

Release of Liability Waiver Agreement

Pleasant Valley North Baptist Church

735 Old Summerville Rd • Rome, GA 30165 • 706-232-6426 • Fax: 706-234-7602

This release of liability form must be signed and notarized.

I, _____ (Parent/Guardian), give permission for my
(please print)

child, _____ (Participant), to participate in:
(please print)

(Name of Event)

Parent/Guardian in exchange for your child's participation in the activities, agree to protect, defend and hold (Pleasant Valley North Baptist Church, providers of transportation to events, and providers of all recreational vehicles during events) harmless from, and against any and all claims, demands, causes of actions of every kind and character, losses, costs, expenses (including attorney fees) and damages of every kind and character for injury or death and damage or alleged damage to any property sustained or alleged to have been sustained arising out of, or relation to or incident to participant's participation in the activities, regardless of whether such claims, demands, causes of action of every kind and character, losses, costs, expenses (including attorney fees) and damages are caused by the sole, joint or concurrent negligence of participant. Parent/Guardian hereby waives any and all claims, demands, and causes of action, of every kind and character for personal injury or property damage related to participation in activities of Pleasant Valley North Baptist Church.

I, the undersigned, as parent/guardian of the minor listed above, are unable to be contacted in case of an medical emergency, hereby authorize any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by Pleasant Valley North Baptist Church, emergency medical treatment for the minor listed above while this minor is participating in any trip, excursion or activity sponsored by Pleasant Valley North Baptist Church. I understand that the sponsors will attempt to contact me at the earliest appropriate time concerning such treatment.

I understand that as a participant, my child may be photographed or videotaped during the event and these photos/videos may be used in Pleasant Valley North Baptist Church printed material and the web site. Yes No

Furthermore, I release the Pleasant Valley North Baptist Church, its staff, employees, and sponsors from any liability for personal injury, damage or loss that the above named minor may sustain while participating in any activity sponsored by the Pleasant Valley North Baptist Church.

I agree to allow the staff and sponsors selected by Pleasant Valley North Baptist Church, to discipline my child during any activities if, in the sole judgment of such staff sponsor or other designated sponsor, such discipline is necessary. I have explained to my child the attitude and actions expected during such activities. If any staff sponsor or other designated sponsor deems it necessary for my child to return from any trip due to illness, injury or misconduct, **I agree to be responsible for all costs associated with such a return trip.**

Sworn to and subscribed before me by _____

On this _____ day of _____, 20____.

Parent/Guardian Signature

Notary Public's Signature

MEDICAL INFORMATION

Pleasant Valley North Baptist Church

Name of Minor _____ Age _____ M/F _____

Street Address _____ City _____ Zip _____

Minor's Social Security No. _____ Date of Birth _____

Family's Home Phone _____ Parent/Guardian Cell _____

Parent/Guardian E-mail contact _____

Emergency contact _____ Phone _____

Health Insurance Company _____

Policy No. _____ Group No. _____

PLEASE ATTACH A COPY OF MINOR'S INSURANCE CARD (Front & Back)

Date of last tetanus shot _____

Please explain any medical conditions the minor has. This should include any repetitive, chronic illnesses, i.e. asthma, migraine headaches. This should also include any seasonal conditions. Please check if child has:

- food allergies seasonal allergies insect/bite allergies
 allergic reaction to medications

Please use the space below to explain:

Please list all medications that the minor takes. Please list each medication and the dosage:

(This is important information—please be prepared to send the medications with your child if he or she will be involved in an event with the church, but away from the church facilities.)

| MEDICAL CONDITION | MEDICATION | DOSAGE |
|-------------------|------------|--------|
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| | | |
| | | |
| | | |

Signature of Parent/Guardian

Date