

Liability Release and Parental Consent/Permission Release of all Claims

In consideration for being accepted by **the Special Needs Ministry of Aversboro Road Baptist Church, Garner, NC** for participation in all activities, events, camps, retreats, trips, recreation programs on Church property; off church property and in-state **for the year of 2010**, we (I), being 21 years of age or older, do for ourselves (my self) (and for and on behalf of my child-participant) do hereby release, forever discharge and agree to hold harmless Aversboro Road Baptist Church, Inc., the Directors, Trustees, Professional Staff, and 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, we (I) (and on behalf of our (my) child-participant) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation, sports teams and work activities involved therein.

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

The undersigned further hereby agree to hold blameless and indemnify said church, its Directors, Trustees, Professional Staff, Sponsors, and agents, 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.

We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in all activities. Furthermore, we (I) understand that some activities will take place outside of fenced activity areas, and hereby grant our (my) permission for this participant to be fully involved in activities and events outside of fenced areas. Also, I understand that as a participant, my child and/or I may be photographed or videotaped, and these photos/videos may be used in promotional materials and reports.

We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby give our permission to take said participant to any licensed physician, or licensed dentist, who is licensed under the Medical Practice Act on 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. We (I) do hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, X-ray, anesthetic, dental treatment, and understand that we (I) am responsible for all medical bills, if any.

Further, should it become necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby do assure all transportation costs. I 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.

Participant – Full name (First – Middle – Last)	Social Security No.	Birth Date	
Street Address	City	State	Zip
Father's Name (or Legal Guardian)	Father's Home Phone	Fathers' Work Phone	
Mother's Name (or Legal Guardian)	Mother's Home Phone	Mother's Work Phone	

Hospital Insurance: _____
Policy # (attach a copy of your insurance card)

Personal Physician's Name & Telephone #: _____

Emergency Numbers: _____

*** Complete Medical Information on Reverse Side ***

Signature of Parents(s) or Legal Guardian(s) _____ Date Signed _____



State of _____, County ss: _____

I, _____, a Notary Public of the County of _____, State of _____ do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal this ____ day of _____, 20___. My commission Expires: _____

Notary Public Signature

Medical Information
Please Complete the Following Information

Participant's Name: _____ Date Completed: __/__/__

Does the participant have any known allergies (including food allergies): Yes (list Below) None Known

Food: _____

Penicillin or Other Drugs: _____

Insect Stings/bites: _____

Plants: _____

Others: _____

Does the participant have any known medical problems: Yes (List Below) None Known

Is there any reason this participant should not participate in recreational/sports activities? Yes (list Below) No

Has participant received all immunizations as required by North Carolina Law: Yes No

___ Polio Booster ___ Measles ___ Mumps ___ Tetanus (Exact Date of last Tetanus __/__/__)

If answered No, please answer why not: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other

Does participant currently take any prescribed medications: Yes (list below with Schedule) No

* Medication must be sent in original container with prescription instructions. Place all medications in a Zip-Lock Bag and give to group leader before any trip. Please label the bag with participants name.

Non-Prescription Medications must also be in original containers. Parents or Legal Guardians must send a note with permission for participant to follow container instructions. Also place in a zip lock bag and give to group leader.

The group leader has permission to give non-prescription medications to participant as they may determine should my child become ill. YES NO YES, but restricted to the following:

Signature of Parent or Legal Guardian

Date Signed

Additional information about participant, group leaders should know (i.e., wanderer: prone to seizures, verbal/non-verbal skills, etc.) _____

