

CONSENT, WAIVER, AND RELEASE AGREEMENT REGARDING MINOR WITH MARS HILL BAPTIST CHURCH, INC.

PARTICIPANT INFORMATION:

Minor's Name: _____

Birthdate: _____ Grade: _____ School: _____ Home Phone: _____

Street Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s) (please print): _____

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:

Your minor son/daughter is eligible to participate in an activity that may require transportation away from the church site.

DESCRIPTION OF ACTIVITY

Event: _____

Location: _____

Activity Leader: _____

Date of Event: _____

Date of Return: _____

Mode of Transportation To/From Event: _____

Cost of Event: _____

Estimated Time of Departure from Church: _____

Estimated Time of Return to Church: _____

As parent and/or legal guardian, I hereby consent and give express permission for my son or daughter to participate in the event described above. I fully understand that this event may take place away from the church grounds and that my child will be under the supervision of the staff and/or volunteers on the stated dates. I understand that such an undertaking involves risk. I personally and on behalf of my minor son/daughter assume and waive all risks and hazards incidental to such participation and do hereby release, absolve, and agree to indemnify, and hold harmless Mars Hill Baptist Church, Inc. and its agents, employees, volunteers, and representatives from any and all liability that may arise out of participation in this activity. **I give consent for emergency medical treatment, if necessary.** I agree to hold harmless and release Mars Hill Baptist Church, Inc. and its agents from all liability related to expenses arising from the giving of such medical care. As parent/legal guardian, I remain fully liable for any legal responsibility which may result from any personal actions taken by the named participant.

Photo Release

I hereby grant permission to Mars Hill Baptist Church, Inc. to use my child's likeness on its promotional materials, including, but not limited to videos, websites, and printed materials without further consideration, and I acknowledge Mars Hill Baptist Church, Inc.'s right to crop or treat the likeness at its discretion. **(Choose One) Yes:** ☐ **No:** ☐

AGREED TO:

Parent's/Guardian's Signature: _____

Date: _____

Telephone #: _____ Day: _____

Night: _____

Alternate Emergency Contact: _____

Telephone #: _____ Day: _____

Night: _____

Allergies or Medical Concerns: (use back for more space) _____

Doctor's Name: _____

Doctor's Phone #: _____

Insurance Company: _____

Policy #: _____

Please fill in all insurance and doctor information. Yes, it's tedious, but if it wasn't necessary, it wouldn't be on the form. Without this information it will be more difficult to obtain any necessary medical care.

Group ID: _____