

Parental Consent and Release of Liability

Name of Event: _____

Child's Name: _____

1. Release of Liability:

I understand that in consideration of the opportunity to participate in Calvary Bible Church activities, I am signing this Release of Liability form on behalf of myself and my minor child(ren) participating in Calvary Bible Church activities.

I understand that by participating in Calvary Bible Church activities, my child(ren) and/or I may engage in activities involving certain risks of physical injury or illness. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks, whether such risks are known or unknown to me at this time. I further release Calvary Bible Church, including its members, volunteers, employees and agents, from any claim that I or my child may have against them as a result of physical injury or illness incurred during participation in Calvary Bible Church activities. This release includes a release of any person hosting any Calvary Bible Church activities. This Release of Liability shall include, without limitation, any claims for negligence and breach of fiduciary duty against Calvary Bible Church and its members, volunteers, employees or agents.

2. Authorization of Medical Treatment:

In addition to this release of liability, I understand Calvary Bible Church requires parental consent to medical treatment in the event of an injury or illness requiring medical treatment of my child.

This Consent and Release gives Calvary Bible Church the permission to have any necessary treatment administered. In case of emergency, I understand that reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby give Calvary Bible Church the permission to act on my behalf in seeking medical treatment for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release Calvary Bible Church and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment.

I have read the foregoing information "Parental Consent & Release of Liability." I understand the entire document and I agree to be bound by it.

Parent/Guardian Signature: _____

Date: _____

Parent's Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Insurance Carrier: _____

Primary Enrollee: _____

Contract Number _____ Group Number: _____

Policy Number: _____ Plan/Coverage Code: _____

In case of emergency contact:

Name: _____

Address: _____

Phone: _____

Relationship to student: _____

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