

# FBC Sumrall Student Ministry

## Consent to Transport

*Waiver and Release of All Claims*  
169 Center Avenue Sumrall, MS 39482  
601-758-4738 (phone) † 601-758-3762 (fax)  
www.fbcsumrall.org  
reedmcdaniel@fbcsumrall.org

### Person to be Transported

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### If Minor Child named above (under 18) please complete the following:

Parent or Guardian: \_\_\_\_\_  
Parent or Guardian Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact other than Parent or Guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Transportation Waiver and Release

I, the undersigned, give and consent for the person identified above to be transported by FBC Sumrall and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport or at the event/activity.

#### Further, by signing below:

1. I will not hold FBC Sumrall, its officers, agents, volunteers, employees, assigns or anyone acting on its behalf responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize FBC Sumrall to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for me or my minor child to travel with FBC Sumrall.

**PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE CHURCH PROGRAM YEAR  
September 2023 through August 2024. This waiver is valid through August 31, 2024**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Parent's/Guardian's Signature \_\_\_\_\_

On This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_

Personally knows by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_