



**Consent & Release Form
for General Church Events**

**Consent & Release Form
for General Church Events**

**Consent & Release Form
for General Church Events**

I, the undersigned parent or guardian, hereby consent and certify that my child, _____, who is _____ years of age, is both permitted and able to participate in all youth events sponsored by Calvary Baptist Church both on and off site for the year of _____.

I, the undersigned parent or guardian, hereby consent and certify that my child, _____, who is _____ years of age, is both permitted and able to participate in all youth events sponsored by Calvary Baptist Church both on and off site for the year of _____.

I, the undersigned parent or guardian, hereby consent and certify that my child, _____, who is _____ years of age, is both permitted and able to participate in all youth events sponsored by Calvary Baptist Church both on and off site for the year of _____.

I understand and hereby agree to assume all of the risks which may be encountered at these events, including activities preliminary and subsequent thereto. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and discharge Calvary Baptist Church and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations, and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in these events or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I understand and hereby agree to assume all of the risks which may be encountered at these events, including activities preliminary and subsequent thereto. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and discharge Calvary Baptist Church and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations, and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in these events or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I understand and hereby agree to assume all of the risks which may be encountered at these events, including activities preliminary and subsequent thereto. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and discharge Calvary Baptist Church and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations, and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in these events or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the Commonwealth of Pennsylvania and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the Commonwealth of Pennsylvania and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the Commonwealth of Pennsylvania and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that I have carefully read and understand the foregoing release and know the contents hereof and I sign this release as my own free act. I understand that this is a legally binding agreement.

I further state that I have carefully read and understand the foregoing release and know the contents hereof and I sign this release as my own free act. I understand that this is a legally binding agreement.

I further state that I have carefully read and understand the foregoing release and know the contents hereof and I sign this release as my own free act. I understand that this is a legally binding agreement.

Signature of Parent or Guardian:

Signature of Parent or Guardian:

Signature of Parent or Guardian:

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Child Information

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: () _____

Age: _____ Male: _____ Female: _____

School: _____ Grade: _____

Home Church: _____

Medical Authorization

Parent's Name: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Allergic Reactions: _____

() Bee Stings () Medications () Other

Describe Reaction: _____

Respiratory Problems: _____

Other Medical Problems: _____

Restricted Activities: _____

Date of Last Tetanus: _____ Current () _____

Doctor's Name: _____

Doctor's Phone Number: () _____

I give my child permission to take Tylenol: _____

I give my child permission to take Ibuprofen: _____

In case of a medical emergency, I understand that every effort will be made to contact me as the parent or guardian of this child. In the event that I cannot be reached, I hereby give permission to the physician selected by Calvary Baptist Church representatives to hospitalize and secure proper treatment for an injection or anesthesia or surgery for my child as named above.

Signature of Parent or Guardian:

_____ **Date:** _____

Child Information

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: () _____

Age: _____ Male: _____ Female: _____

School: _____ Grade: _____

Home Church: _____

Medical Authorization

Parent's Name: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Allergic Reactions: _____

() Bee Stings () Medications () Other

Describe Reaction: _____

Respiratory Problems: _____

Other Medical Problems: _____

Restricted Activities: _____

Date of Last Tetanus: _____ Current () _____

Doctor's Name: _____

Doctor's Phone Number: () _____

I give my child permission to take Tylenol: _____

I give my child permission to take Ibuprofen: _____

In case of a medical emergency, I understand that every effort will be made to contact me as the parent or guardian of this child. In the event that I cannot be reached, I hereby give permission to the physician selected by Calvary Baptist Church representatives to hospitalize and secure proper treatment for an injection or anesthesia or surgery for my child as named above.

Signature of Parent or Guardian:

_____ **Date:** _____

Child Information

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: () _____

Age: _____ Male: _____ Female: _____

School: _____ Grade: _____

Home Church: _____

Medical Authorization

Parent's Name: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Allergic Reactions: _____

() Bee Stings () Medications () Other

Describe Reaction: _____

Respiratory Problems: _____

Other Medical Problems: _____

Restricted Activities: _____

Date of Last Tetanus: _____ Current () _____

Doctor's Name: _____

Doctor's Phone Number: () _____

I give my child permission to take Tylenol: _____

I give my child permission to take Ibuprofen: _____

In case of a medical emergency, I understand that every effort will be made to contact me as the parent or guardian of this child. In the event that I cannot be reached, I hereby give permission to the physician selected by Calvary Baptist Church representatives to hospitalize and secure proper treatment for an injection or anesthesia or surgery for my child as named above.

Signature of Parent or Guardian:

_____ **Date:** _____