



# 2027 Parent Consent and Liability Release Form

## South County Church

Mailing Address: PO Box 1348, Lorton, VA 22199-1348  
703/679-7784 ~ info@southcountycare.org ~ www.southcountycare.org

Participant's Name

Birthday

Address

City, State, Zip

Email Address

Phone

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
To attend and participate in activities sponsored by South County Church from January 1, 2027 to December 31, 2027.

The undersigned does hereby release, forever discharge and agree to hold harmless South County Church and the members and official board 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 activities sponsored by South County Church.

We (I) authorize and adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by South County Church.

Participant's Signature

Date

Legal Guardian's Name Printed

Signature

Phone

Date

Father's Name Printed

Signature

Phone

Date

Mother's Name Printed

Signature

Phone

Date

***If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.***

Do you have Medical Insurance? \_\_\_yes \_\_\_no

If yes what is your Insurance Company \_\_\_\_\_ and Policy Number \_\_\_\_\_

**On the reverse side of this page, please list any allergies or special medical problems your child may have.**