

NEILL'S CREEK BAPTIST CHURCH
CHILD PERMISSION/PARTICIPATION FORM

In consideration for being accepted by Neill's Creek Baptist Church, Angier, NC for participation in all **2018** church events, we (I) being 18 years of age or older, do for ourselves (myself and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Neill's Creek Baptist Church, and the Directors, Trustees, Professional Staff and Sponsors 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.

Furthermore, we (I and on behalf of our my child participant if under age 18) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its Directors, Trustees, Professional Staff, Sponsors, and agents, for any liability sustained by said church as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in said trip and also hereby give permission for my child to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by Neill's Creek Baptist Church.

We (I) are the parent(s) of legal guardian(s) of this participant, and hereby give our (my) permission to take said participant to any licensed physician, or licensed dentist, who is licensed under the Medical Practice Act on the medical staff of a licensed hospital or clinic, whether such care of treatment rendered at the office of said physician or at said hospital. We (I) do hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, X-ray, anesthetic, dental treatment, and assume the responsibility of all medical bills, if any.

Further, should it become necessary for the participants to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

Child Participant Name **Birth Date**

Street Address **City** **State** **Zip Code**

Parent's Name **Parent's Home Address & Phone**

Insurance Company Name **Policy#**

Physician's Name **Physician's Address**

Emergency Phone Numbers & Cell Numbers: _____

Medical Conditions/Allergies/Medicines Taken: _____

Signature of Parent(s) or Legal Guardian(s): _____