

PARENT/GUARDIAN CONSENT AND INDEMNITY & RELEASE FORM

Child's Name (Last)	(First)	(Middle)
Address	City	State Zip Code
Midway Baptist Church	1670 Mt. Jefferson Rd., West Jefferson NC 28694	336-246-2012
Date(s) of Activity	Location of Activity	

As the parent/legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided as described above.

Print Name	Telephone Number
Signature	Date

ADDITIONAL INFORMATION:

Emergency Contact Name	Relationship to Child	Telephone Number
Child's DOB	Physician's Name	
Hospital/Clinic Preference	Insurance Company	
Allergies/Special Health Considerations		
Exclude from following activities		

MEDICATION ADMINISTRATION – OFFSITE EVENT ONLY

Medication Name	Medication Dose	Time / Day / Qty.
Notes: (explain in detail medication administration)		

(NOTE): Medication administration will only take place if the child(ren) is **participating in an offsite event** and **must** have the medication. Medication will **only** be administered as stated above by parent/guardian and/or a qualified professional. **No Exceptions** will be made.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive right to informed consent of treatment. I further agree to pay all charges for any medical care or treatment my child receives. **This waiver applies only in the event that I, or the listed emergency contact, cannot be reached and my child is unable to make these decisions for him/herself.**

As a parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. **I represent that my consent to, and agreement to pay, for the medical care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.**

I, the undersigned, fully recognize the dangers and hazards inherent in the activity listed above, and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my child's participation, and do hereby voluntarily:

Agree, for myself, my heirs, and my personal representative, to defend, hold harmless, indemnify, release, and forever discharge, to the broadest extent allowed by law, Midway Baptist Church, its trustees, officers, employees, servants, volunteers, agents, insurers, successors, assigns, from and against any and all claims, demands, action, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my child's participation in the above mentioned activity.

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify Midway Baptist Church and its above-mentioned representatives, for injuries, damages or losses my child may cause and giving up rights to sue Midway Baptist Church and its above-mentioned representatives for injuries, damages, or losses incurred.

Print Name	
Signature	Date