First Baptist Church of Bassett, VA

2590 Riverside Dr, Bassett, VA 24055
Phone: _____ Email: _____

ANNUAL PARENTAL CONSENT AND LIABILITY RELEASE FORM

This form is valid for all church-sponsored activities and trips for the calendar year of _____.

Child's Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

City/State/ZIP: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact Information

Emergency Contact Name: _____
Relationship to Child: _____
Phone Number: _____

Medical Information

Family Physician: _____
Physician Phone: _____
Insurance Company: _____
Policy Number: _____
Allergies (food, medication, etc.): _____
Medications Currently Taking: _____
Special Medical Conditions or Instructions: _____

Parent/Guardian Consent

I, the undersigned parent or legal guardian of the child named above, hereby give permission for my child to participate in any and all activities, events, and trips sponsored by First Baptist Church of Bassett, Virginia during the calendar year of _____. I understand that every reasonable effort will be made to ensure the safety and well-being of all participants. In the event of an emergency, I authorize adult leaders and representatives of First Baptist Church of Bassett to seek medical treatment as deemed necessary for my child.

Liability Release

In consideration for my child being allowed to participate in activities sponsored by First Baptist Church of Bassett, I hereby release, waive, discharge, and hold harmless First Baptist Church of Bassett, its pastors, staff, volunteers, representatives, and agents from any and all liability, claims, or demands for accidental injury, illness, or death, as well as property damage or loss, which may arise from participation in church-sponsored activities, whether caused by negligence or otherwise.

Transportation and Photo Release

I give permission for my child to be transported to and from church-sponsored activities by church vehicles or authorized adult drivers. [ ] Yes [ ] No
I also grant permission for photographs or video of my child to be taken during church activities and used in church publications, websites, and social media for ministry purposes. [ ] Yes [ ] No

Acknowledgment

I have read and fully understand this document and its terms. I am signing this release voluntarily and with full knowledge of its significance.
Parent/Guardian Signature: _____ Date: _____
Printed Name: _____

Notary (Optional)

State of Virginia
County of _____
Subscribed and sworn before me this _____ day of _____, 20____.
Notary Public Signature: _____
My Commission Expires: _____
Seal: _____