First Baptist Church of Bassett, VA

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

PARENTAL CONSENT AND LIABILITY RELEASE FORM

Event/Trip Name: _____

Date(s) of Event/Trip: _____

Child's Full Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____ Alternate Phone: _____

Email: _____

Emergency Contact Information

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 the event/trip listed above, sponsored by First Baptist Church of Bassett, Virginia. I understand that all reasonable precautions will be taken to ensure the safety and well-being of all participants.
I authorize the adult leaders and sponsors to secure any necessary medical attention or treatment for my child in the event of an emergency, and I agree to be responsible for any and all medical expenses incurred.

Liability Release

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

I further agree to indemnify and hold harmless First Baptist Church of Bassett and its representatives from any and all claims arising out of or in connection with my child's participation in this trip or event.

Transportation and Photo Release

I understand that transportation may be provided by church vehicles or authorized volunteers. I give permission for my child to be transported to and from the event. [ ] Yes [ ] No
I also grant permission for photographs or video of my child to be taken during the event for use in church publications, social media, and promotional materials. [ ] Yes [ ] No

Parent/Guardian Signature

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: _____