



**PERMISSION FOR TREATMENT AND DISCHARGE**

I/We state that I/we have legal custody of the participant named below and have given our consent for him/her to attend any non-overnight activities or events organized by College Park Baptist Church ("Church") for the designated time period. I/We understand that there are inherent risks involved in any ministry, travel, or other related event, and I/we release the Church and its staff, agents, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in these activities.

Non-overnight Church activities may include, but are not limited to the following events: Sunday School, youth choir, worship services, Bible studies, local mission projects, cookouts, boating, skiing, swimming, scavenger hunts, games in a park or similar locations, basketball, soccer, volleyball, softball, baseball, hiking, biking, concerts, golfing, hayrides, and parties. If you desire to limit your child's participation in any event, please indicate your wishes in writing to the Church prior to that event.

In the event of any injury or illness to the participant, I/we give permission and consent for the staff member(s) or appointed adult leader(s) to seek whatever medical attention is deemed necessary for the health and well being of the participant (child). In doing so, we release the Church and its staff, agents, and volunteers of any liability for injuries to the participant in the course of receiving medical treatment.

While I/we understand that the Church will take all reasonable steps to provide individual care and safety for my child, I/we am/are aware that the Church and its staff, agents, and volunteers do not assume legal responsibility for any injury, damage, or harm which may result during the course of any Church activity. By permitting my/our child to participate in accordance with this form, I/we agree that full responsibility will remain with me/us, as parent(s) or guardian(s) of the child. I/we also acknowledge that should any claim be asserted by any person as the result of the acts of my/our child while participating in Church activities, or traveling to or from such an activity, I/we agree to indemnify and hold the Church harmless from any such claim, including attorney fees and costs incurred by the Church in defense of any such claim.

In the event that the child is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required and sought from a physician and/or hospital personnel selected by a Church staff member or volunteer, I/we agree to hold such person and the Church harmless of any claims, demands, or suits for damages arising from the giving of such consent or the treatment provided. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of the medical care not be reimbursed by the child's health insurance provider or benefit plan. I/we affirm that the health insurance information provided on this form is accurate as of this date and will, to the best of my/our knowledge, be in force for the child for the time period covered by this form.

I/we give my/our permission for my/our child to ride in private vehicles of approved adult drivers for purposes of transportation to or from a Church activity. I/we authorize that my/our child's image may be photographed, filmed, and used in video, print, and internet presentations for the purpose of church ministry reporting, promotion, and publicity. I/we accept financial and physical responsibility for the return home of my/our child(ren), should the adult supervision find it necessary to send him/her/them home during a Church activity.

\_\_\_\_\_ (Participant) has my/our permission to travel and attend all non-overnight activities sponsored by College Park Baptist Church from September 1, 2019 until August 31, 2020. We acknowledge and certify the statements included above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Notary**

\_\_\_\_\_ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document for the purpose stated therein and in the capacity indicated: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Official Signature of Notary  
Notary's printed or typed name, \_\_\_\_\_

(Official Seal)

My commission expires: \_\_\_\_\_