



NEW BEGINNINGS CHURCH | 30 REBECCA LANE | JASPER, TN 37347

newbeginningsofjasper.org | 423.942.0901

PARENTAL PERMISSION AND RELEASE FORM

I hereby give permission for my son/daughter,

_____ to participate in _____

on (date) _____

In consideration of allowing my child this privilege, I hereby fully and forever release and waive and agree not to bring or cause to be brought any and all claims, demands, actions or causes of action of every possible kind and nature whatsoever I or my child might assert, whether or not absolute, known or unknown, or otherwise against **NEW BEGINNINGS CHURCH** or any of its trustees, elders, officers, employees, agents and volunteers (collectively the "Releasees") by reason of, arising out of or relating to my child's activity.

I further agree to indemnify and defend the Releasees harmless for damages, including without limitation, special, incidental and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of action, suits, proceedings, demands, judgements, assessments and liabilities, including reasonable attorney's fees incurred in litigation or otherwise, assessed, incurred or sustained by or against Releasees by reason of, arising out of or relating to my child's activity.

I acknowledge that it is my intention with this instrument to make a complete, general and unconditional release of any and all claims of my child and myself whatsoever against the Releasees as set forth above.

I, _____, parent or legal guardian of _____ born the ____ day of _____, 20__ do hereby consent to any medical care, dental care, and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of _____ of _____, City of _____, State of _____ and I am not reasonably available by telephone to give consent. This authorization is effective from the ____ day of _____, 20__ to ____ day of _____, 20__.

IN WITNESS WHEREOF, I have executed this instrument on the date set forth below.

PARENT OR LEGAL GUARDIAN:
Signature: _____
Printed Name: _____
Phone #: _____
Date: _____

WITNESSED BY:
Signature: _____
Printed Name: _____
Date: _____