

Antioch Baptist Church
Parental / Guardian
Consent and Liability Waiver Form

(Complete One Form Per Participant - Every Participant Is Required To Have A Completed Form On File)

Participant's Name: _____ Date of Birth: _____

Home Address: _____ City, State _____
Zip: _____

Parent/Guardian: _____ Home Phone: _____

I (name of parent/guardian/) _____, grant permission for my child, _____ to participate in the outing/lock-in/other activities away from campus to _____ and all planned activities associated with this event. I also give permission for _____ to ride the bus/van or with a parent/church staff chaperon to and from the event. I take sole responsibility for my child's participation in this event and agree not to hold Antioch Baptist Church and any representatives associated with this event liable or responsible for injuries, incidences, and/or medical expenses that might arise during my child's participation in outing to _____,

1) RELEASE: I approve the release of my son/daughter to the following persons if I am not available. ID at the time of pickup will be required. _____ (Initial) ☐ Not Applicable ☐

Name: _____ Contact Number: () _____

Name: _____ Contact Number: () _____

2) DENY RELEASE: My son/daughter SHOULD NOT be released to the following persons. _____ (Initial) ☐ Not Applicable ☐

Name: _____ Name: _____

Name: _____ Name: _____

3) MEDICAL MATTERS: I hereby state that to the best of my knowledge that my child is in good health to participate in this event. _____ (Initial)

4) EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I understand that 911 will be called to transport my child to a hospital for emergency medical or surgical treatment and understand that I am responsible for all charges associated with this transport and treatment. _____ (Initial)

Emergency Contact: _____ Relationship: _____ Phone: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy Number: _____

- 5) OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the servants / staff associated with the activities that **my child** becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, etc., the Emergency Contact(s) listed above will be contacted. ____ (Initial)

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- 6) MEDICATIONS:** I understand that the servants/staff associated with this event are not authorized to administer medications and I have made necessary arrangements to ensure that medications are administered. ____ (Initial)

- 7) SPECIFIC MEDICAL INFORMATION:** ____ (Initial)

LIST ALL PRESCRIPTION MEDICATIONS WITH DOSES TAKEN ON A REGULAR BASIS:

ALLERGIC REACTIONS: _____

- ☐ Any physical limitations _____. _____.
- ☐ Those servants/staff associated with the outing to the HipHop Nutcracker should also be aware of these special medical conditions:

8) BEHAVIOR ISSUE(S):

- ☐ I understand that if **my child** presents with behavioral problems and prevents others from enjoying the many benefits of any outing, it will be discussed by servants /staff associated with this event. If problems occur, **parents will be contacted**, and next steps will be discussed. Parents/Guardians may need to pick their child up from the outing. ____ (Initial)

9) ADDITIONAL INFORMATION WE SHOULD KNOW:

Your child may be photographed, or video recorded by Antioch Baptist Church Staff members or by vendors working for Antioch Baptist Church for use within Antioch Baptist Church. In addition, Antioch Baptist Church may disclose your child's image, name or voice in Antioch Baptist Church photographic productions or other Antioch Baptist Church sponsored publicity, including social media, website, and streaming.

By signing below, I am acknowledging that I fully understand the statements above and sign this Consent Form and Liability Waiver knowingly, freely, and willingly. My initials have been provided above stating that I have read and understand all items.

Parent/Guardian printed name:_____

Parent/Guardian Signature_____

Date _____