

Release of Claims

I _____ of the city of _____,

(Parent or Guardian ... Please Print)

state of Texas, hereby affirm that my child _____.

(Child's or Children's Name(s)... Please Print)

shall be participating on the following date(s) _____ Trip or Activity _____

hereinafter referred to as "the Activity".

- I certify that I am cognizant of the inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of, or off of, church premises.
I understand and agree that neither Rural Shade Baptist Church, not its trustees, representatives, instructors or agents, or volunteers may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm or other damages to me or my family.
As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity.
I further release Rural Shade Baptist Church, its trustees, instructors, agents and representatives or volunteers for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity.
I further agree to save and hold harmless Rural Shade Baptist Church, its trustees, instructors, agents and representatives or volunteers from any claim by me or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the Activity.
I also authorize Rural Shade Baptist Church to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the Activity.
I further state that I am of lawful age and legally competent to sign this affirmation and releases; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition.
I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on the ___ day of ___ 20__.

Signature _____

Contact Information:

Parent/Legal Guardian Name(s): _____

Address: _____
Street City Zip code

Home Phone: _____ Cell Phone: _____

Other Emergency Contact Name and Phone Number: _____

Address if different from Parent/Legal Guardian:

Address: _____
Street City Zip code

Are there any allergies or medical conditions that we need to know about your child relating to this activity?
Yes No

If Yes, please describe: _____