

Consent and Release Form for Church Activity

I, the undersigned parent or guardian*, consent to my child, _____, who is _____ years of age, participating in the activities connected with the _____ to and from and at _____, an activity sponsored by **Heritage Baptist Church** on the following date(s) _____. I understand my child will leave the church at approximately _____ and return at approximately _____, and that the transportation used will consist of: _____.

I understand this activity will include:
_____.

I certify my child is able to participate in all of these activities. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. If I cannot be reached within a reasonable period of time, as determined by church officials, I authorize the church or the adult sponsor, _____, to make emergency medical decisions for my child. If there are activities that I do not want my child involved in, I have listed them below.

I UNDERSTAND AND AGREE TO ASSUME ALL RISKS THAT MAY BE ENCOUNTERED ON SAID ACTIVITIES, AS WELL AS ANY PRELIMINARY OR SUBSEQUENT ACTIVITIES. I do, for myself and for my child's, heirs and assigns irrevocably and unconditionally release, acquit, and forever discharge Heritage Baptist Church and its agents, employees, and volunteers from all liability, actions, causes of actions, claims, expenses, obligations, and damages of any nature, including but not limited to injury to my child or property, even injury resulting in death, that may arise in connection with my child's participation in the described activity or in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion is held invalid, the balance shall continue in full legal force and effect. This release contains the entire agreement between the parties.

I further state **I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND KNOW ITS CONTENTS, AND THAT I SIGN IT AS MY OWN FREE ACT.** I understand this is a legally binding act.

Medical conditions to be aware of:

Physical Restrictions:

Instructions and medications:

Date of last tetanus or booster (if known): _____

I do not wish my child to participate in the following:

Parent or Guardian: _____ Date: _____

Telephone number(s) where I may be reached in an emergency:

(____) _____ - _____ (____) _____ - _____

*If you are an adult signing the release for yourself, please write your name in the blank where the child's name would be written. Any reference to "child" will pertain to you.

Form provided by Christian Law Association.