

Transportation Permission and Release Waiver

I, _____ (name of parent/guardian), herein after referred to as “parent/guardian”, hereby give my permission for _____ (child’s name), herein after referred to as “the child”, to participate in church activities and activities incidental thereto, including being transported in vehicles driven by members of, or contracted by, Chestnut Grove Baptist Church. In the event of an accident, I have provided the necessary medical information with this form to assist in immediate treatment of the child. Should medical attention be necessary, I authorize any adult designated by Chestnut Grove Baptist Church (City of Grayson, County of Gwinnett, and State of Georgia) leadership to act on my behalf and approve appropriate emergency medical treatment for the child until such time as I can be present or can provide such approval in a manner required by medical authorities.

It is my intention by signing below, to exempt and relieve Chestnut Grove Baptist Church and its officers, agents, members, drivers, or employees from liability for personal injury, property damage, or wrongful death of the child caused by any accident or act of negligence. I realize that by permitting the child to use any facility or equipment in connection with Chestnut Grove Baptist Church, including vehicles, that some of these may involve dangers and risk of bodily injury. I hereby voluntarily and absolutely release, discharge, waive, and relinquish any and all loss, or damages, or actions, or causes of action for personal injury, personal damage, or wrongful death occurring to the child as a result of him/her being transported by church members or using any facility or equipment or engaging in and/or receiving instruction in any activity or activity incidental thereto. As the parent/guardian, for myself, my heirs, executors, administrators, or assigns, I agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Chestnut Grove Baptist Church, or its officers, agents, servants or employees, I will indemnify and hold harmless Chestnut Grove Baptist Church and its officers, agents, members, or employees from any and all claims or causes of action by the child or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will I present any claim against Chestnut Grove Baptist Church and said persons.

I also agree that in the event a representative from Chestnut Grove Baptist Church determines that the child's conduct is detrimental to the group he/she is with, that the child may be dismissed from the group and transported home. I also agree to assume all responsibility for said transportation, including, but not limited to, providing transportation myself or providing financial means required for the child's transportation, such as expenditures for gasoline, food, or an individually purchased ticket for transport.

The undersigned parent/guardian represents that he/she has read this Release document, has requested and has been provided with, or has declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent/guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Print name of child: _____

Print name of parent(s)/legal guardian(s): _____

Signature of parent(s)/legal guardians(s): _____ Date: _____

MEDICAL PERMISSION AND RELEASE

The following information is necessary in order for your child(ren) to attend any functions that are held away from the church campus. If we do not have a form for your child(ren) he/she will not be able to participate.

Print Name(s) of child(ren):

Birthday:

Address _____

City _____ State: GA Zip _____

Parents/Guardians Names:

List All Known:

Allergies:

Medical Problems:

Current Medications:

Date of last Tetanus shot: _____

Family Physician: _____ Phone #: _____

Name of Insurance Co.: _____

Group #: _____

Policy #: _____

In accordance with our Child Protection Policy, staff members or volunteers are responsible for releasing children in their care only to parents, legal guardians, or other persons designated by parents or legal guardians at the close of services or activities. It is presumed a person who drops off a child or student has authority to pick up the child.

Emergency Contact #1: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Is this person authorized to pick up the child(ren) from church activities? Yes No

Emergency Contact #2: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Is this person authorized to pick up the child(ren) from church activities? Yes No

Emergency Contact #3: _____

Home Phone: _____

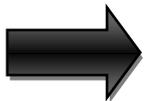
Cell Phone: _____

Work Phone: _____

Is this person authorized to pick up the child(ren) from church activities? Yes No

Print name of parent/legal guardian: _____

Signature of Parent/Legal Guardian: _____ Date _____



Provide a legible copy of the child's insurance card when you return this form.