

Coshocton Baptist Church
1631 Denman Ave.
Coshocton, Ohio 43812
(740) 622-9803

CONSENT AND RELEASE FROM LIABILITY

I, being the parent or legal guardian of below named youth, do hereby give **permission** for my child to participate in, and be transported to the below stated trip or activity. My participating child and I hereby release, forever discharge and agree to hold harmless Coshocton Baptist Church and its agents, any and all volunteer leaders, and the owner or driver of the car or bus furnishing transportation to the activity in case of personal injury, sickness, death, or personal property damage incurred while said child is participating in the below stated trip or activity. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge.

ALSO

I, as parent or legal guardian, do hereby give **permission** for my child to receive medical/dental attention from licensed medical professionals in case of injury or illness while on the aforementioned trip or activity. I consent to pay all costs and expenses of medical or dental services rendered. Should it be necessary for my child to return home due to medical reasons, I, the undersigned shall assume all transportation costs.

Emergency Information

Participant's Name: _____ . Age: _____ .

Participant's Address: _____ . Phone #: _____ .
_____ .

Emergency Contact #1: _____ . Phone #: _____ . Cell #: _____ .

Relation to Participant: _____ .

Emergency Contact #2: _____ . Phone #: _____ . Cell #: _____ .

Relation to Participant: _____ .

Does Participant have any known allergies (food, medication, insect bites, stings)? ___ Yes ___ No. *If yes please list on back of form.*

Is Participant required to take any medication? ___ Yes ___ No. *If yes please list for what reason and how often on back of form.*

Does Participant have any special needs or conditions to participate in this activity? ___ Yes ___ No. *If yes please list on back of form.*

Event Information

Activity: _____ . Dates: _____ .

Activity Coordinator(s): _____ . Phone #: _____ .

Destination/Location: _____ .

Leaves from & time: _____ .

Return to & time: _____ .

Special Instructions: _____ .

_____ .

_____ .

_____ .

By signing below I verify that I have read and agree to the parental liability release and medical release form written above.

Parent or Legal Guardian Signature: _____ . Date: _____ .