



TBS RETREAT 2019
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

_____ is a student of Tacoma Baptist School that plans to attend the high school retreat at Camp Gilead in Carnation, WA from September 4 - Sept. 6, 2019. On Wednesday after sports practices (seniors), Thursday morning 8:15 (9th-11th graders) students will leave from the gym parking lot and will be returning Friday afternoon by 2:45pm.

Parent/Guardian Consent and Agreement

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant. I agree on behalf of myself, my child named herein, or heirs, successors and assigns, to hold harmless and defend Tacoma Baptist School, its officers, directors and agents, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the attorney's fees and expenses arising therewith.

I, _____, grant permission for my child,

_____, to participate in this school sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from Tacoma Baptist School. I also understand that transportation will be provided by the school, and I give permissions for the school to transport my child.

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, the school will attempt to contact me at the number provided below. In the event the school is unable to contact me, please contact the following individual:

Name: _____

Phone: _____

Relationship: _____

Parent/Guardian Signature

Emergency Number

Date

Note: For students who require medications during the trip, please be certain to contact the school office to ensure that all appropriate documentation is completed per school policy. Other special instructions: (Cost of trip, dress for trip, etc.) _____