

Twin City Baptist Consent and Release Form



Twin City Baptist Church

I, the undersigned parent (s) or guardian(s), hereby consent to my child, _____, to participate in all activities connected with Twin City Baptist Church between **February 1, 2019** and **January 31, 2020**. I also consent to my child being a passenger in personal vehicles, rental vehicles, or buses with at least 1 adult driver when participating in said activities related to Twin City Baptist Church.

I CERTIFY THAT MY CHILD IS ABLE TO PARTICIPATE IN ANY AND ALL ACTIVITIES UNLESS SPECIFIED BELOW. IF MY CHILD HAS MEDICAL CONDITIONS WHICH MAY BE RELEVANT TO A PHYSICIAN IN THE EVENT OF AN EMERGENCY, I HAVE LISTED THEM BELOW. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by church/school officials, I hereby authorize the adult sponsor connected with Twin City Baptist Church to make emergency medical decisions for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge **Twin City Baptist Temple, Inc** and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the commonwealth of Massachusetts and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto. **I UNDERSTAND THAT I AM OBLIGATED TO COMPLETE ANOTHER FORM IF ANY INFORMATION CONTAINED WITHIN THIS AGREEMENT CHANGES.**

I FURTHER STATE THAT I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Medical/physical conditions (including food & drug allergies): _____

Instructions and medications: _____

Date of the last tetanus or booster: _____

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

Health Insurance Company: _____

Health Ins. Policy #: _____

Policy Holder Name: _____ Phone: _____

Preferred Hospital: _____

Primary Care Doctor: _____ Phone: _____

Billing Address: _____

Please take a moment to let us know your preferences regarding our use of photos/videos of your child:

Yes: I grant permission to use photos/videos of my child on Twin City Baptist website and social media sites

No: I do **NOT** want photos/videos of my child used on any Twin City Baptist media

Parent/Guardian: _____ Date: _____

Alternate Contact 1: _____ Date: _____

CELL Phone: _____ Home Phone: _____

CELL Phone: _____ Home Phone: _____

Signature: _____

Alternate Contact 2: _____ Date: _____

CELL Phone: _____ Home Phone: _____