

Waiver/Release/Permission Agreement



Valley Forge FWB Church

1503 Riverview Drive, Elizabethton, TN 37643
(423) 542-5344 • email@valleyforgechurch.com

*****TO BE FILLED OUT BY PARENTS OR LEGAL GUARDIANS OF STUDENTS UNDER 18 YEARS OF AGE*****

I, the parent or legal guardian of _____, a minor,
(name of child/minor/participant)

hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, permission to participate in any and all activities at and with Valley Forge Free Will Baptist Church of Elizabethton, Tennessee, for which he/she, with my approval, registers to participate.

I further expressly grant permission for my child to participate in all activities while an active participant on trips and church events. In the event that there rises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the Valley Forge Free Will Baptist Church staff, its representatives, the sponsors or any attending physicians to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do release, acquit, discharge and covenant to indemnify and hold harmless Valley Forge Free Will Baptist Church or its representatives or sponsors, or any attending physician, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, financial responsibility for all medical treatment of any sickness or accident and financial responsibility for all medical treatment provided during the attendance of any youth events.

I also assume responsibility for providing return transportation from the event location should it be necessary for disciplinary reasons.

Parent's/Legal Guardian's Signatures: _____ Date: _____

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I give my permission for Valley Forge FWB Church to photograph or video my child for the sole purpose of the Church publications, websites, etc. Yes: _____ No: _____

*****TO BE FILLED OUT BY PARTICIPANTS WHO ARE CURRENTLY 18 YEARS OF AGE OR OLDER, AND ALL SPONSORS*****

I am 18 years of age or older and have read the above Medical and Surgical Waiver for minors and agree to the same terms. I hereby release, acquit, discharge and covenant to indemnify and hold harmless Valley Forge Free Will Baptist Church or its representatives or sponsors, or any attending physician, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any youth events.

I also assume responsibility for providing return transportation from the event location should it be necessary for disciplinary reasons.

Adult Participant's Signature: _____ Date: _____

Medical & Surgical Waiver

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INSTRUCTIONS:

This Medical and Surgical Waiver will apply to all youth/college events, trips and projects. It will provide an adequate, current and usable record of each student's medical information both to Valley Forge Free Will Baptist Church and to hospitals the needed information, including parental permission, in the event their child needs medical attention. Please be thorough with each answer. It is the responsibility of the parent or guardian to keep this information current.

PERSONAL INFORMATION:

SS/CTS Class: _____

Participant's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

MEDICAL INFORMATION:

Family Physician: _____ Phone Number: _____

List below (or write "none") any physical defects or conditions that the participant has such as:
allergies, asthma, nervousness, headaches, dysmenorrhea, etc.

Should the participant at any time require medical attention, list any special information (or write "none") which the physician might require (i.e. allergic to penicillin, rare blood type, etc.)

Are student's immunizations current? Yes No Date of last Tetanus: _____

MEDICAL INSURANCE INFORMATION:

Company Name/Insurance Provider: _____

Policy/Group Number: _____ Phone Number: _____

Check here if participant has NO Medical Insurance: