

PARENTAL CONSENT RELEASE FORM

I, _____, give permission for my child, _____

to participate in all of Chicopee Baptist Church's activities for **August 2017 - July 2018** year, *including such activities as but not limited to transportation, running, walking, bending, stretching, and witnessing.* where applicable. I acknowledge that this may include potentially dangerous activities (i.e. physical games, rafting, rock climbing, hiking, skiing, snow tubing, ice skating, etc.) but understand that every reasonable precaution will be taken by the church staff, chaperones, and instructors to insure the safety and responsible behavior of each participant.

In the event I cannot be reached in an emergency, I hereby give permission to the Chicopee Baptist Church (CBC) leaders or chaperones, in whose care the minor has been entrusted, to consent to any first aid, X-ray examination, anesthetic, medical or surgical treatment (including hospital care) to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. In addition, I understand that I will be responsible for any costs incurred in connection with such medical services rendered to the aforementioned child pursuant to this authorization.

In the unlikely event an accident should occur, I agree to hold Chicopee Baptist Church staff persons, chaperones, and volunteer leaders harmless from any liability due to the injury of my child. Should it become necessary for the church staff, chaperones or volunteers to give first aid for our family, we agree to hold such individual and Chicopee Baptist Church free and harmless of any claims, demands or suits for damages arising from the giving of such first aid. Should it become necessary for the church staff, chaperones or volunteers to give medical consent for our family, we agree to hold such individual and Chicopee Baptist Church free and harmless of any claims, demands or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

I acknowledge my child's likeness may be recorded via photography, video, and/or audio in the normal process of participating in Chicopee Baptist Church activities; with the purpose of positive inclusion and encouragement. I agree to allow those records to be used physically and/or digitally as part of the normal promotional activities of Chicopee Baptist Church without my prior review and approval and agree that there will be no remuneration for such recordings or their use.

Finally, to the extent that my minor child has any specific allergies or special physical or psychological needs and/or limitations, or is taking any medication that Chicopee Baptist Church employees/volunteer workers supervising my minor child's activity should be aware, I hereby agree to provide those on the back of this form or on an attached sheet and to discuss such issues, if necessary with such Chicopee Baptist Church employees/volunteer workers.

Yes, I agree to the above:

_____ Date: _____

(Parent / Legal Guardian Signature)

Work Phone: _____ Home phone: _____

Mobile phone: _____

Insurance carrier: _____

Policy or group #: _____

Emergency Contact and Phone Number: _____

Physician's name and Phone Number: _____



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