

Grace Baptist Church of Evans
Parental Consent / Liability Release
(To be filled out and signed by Parent or Legal Guardian only!)

My son / daughter, _____ has permission to attend
the _____ with the _____
on _____.

Insurance Co. _____ Insurance Policy # _____

Special Needs (allergies, medications, etc.) _____

In consideration for being accepted by Grace Baptist Church of Evans, Inc., for participation in this activity, I hereby release Grace Baptist Church of Evans, it's agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement's with Grace Baptist Church of Evans, Inc.

IN CASE OF EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper medical treatment which may include, but not be limited to hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of Parent/Guardian: _____ Date: _____

Emergency phone number where you can be reached: _____

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