

PERMISSION/RELEASE FORM

EVENT NAME: All Youth Trips 2016-2017



I grant permission to the Pastor, Student Minister, Director of High School or any volunteer in charge to provide proper or medically necessary treatment to my youth/minor child. I fully agree to remain solely responsible for any medical bills incurred on behalf of my youth/minor child.

I hereby release Charleston Baptist Church, its staff, directors, chaperones and the owners/operators of any vehicles transporting my youth/minor child to or from any related functions from any liability for the loss of personal property or any liability for personal injury or accidents of Charleston Baptist Church, its staff, directors, chaperones and the owners/operators of such vehicles due to circumstances beyond their control or not deemed negligent. I understand that there will be adult supervision on this and every trip with Charleston Baptist Church. I understand that my youth/minor may be subjected to potentially hazardous surroundings while on this and other trips. I waive any legal rights or causes of action that I may have against Charleston Baptist Church, its staff, directors, chaperones or the owners/operators of the vehicles transporting my youth on this trip or other trips should any accident or accidents of Charleston Baptist Church, its staff, directors, chaperones, or the owners/operators of such vehicles beyond their control or not deemed negligent.

Photo Release

I also give permission for Charleston Baptist Church to use any photos or videos taken of the youth under 18 listed for promotional purposes at the discretion of the Charleston Baptist Church Staff.

Name of Youth _____ Age _____
Address _____ Phone _____
Emergency Contact _____
Address _____ Phone _____
Relationship _____ Work Phone _____
Insurance Company _____ Policy # _____

I, the undersigned do hereby verify that the above information is correct and true.

Dated this _____ day of _____, 20____, in the city of Charleston, South Carolina, in the county of Charleston.

Signature of Parent or Guardian _____

PLEASE MAKE COPY Of
INSURANCE CARD AND ATTACH
TO THIS PERMISSION SLIP