CALVARY BAPTIST CHURCH

Real People Real Ministry

530 Milton Road, Lancaster, PA 17602

Consent & Release Form
for Specific Youth Events

I, the undersigned parent or guardian, hereby consent and certify that my child, _____, who is _____ years of age, is both permitted and able to participate in the following youth event sponsored by Calvary Baptist Church:

_____ _____
Event Date

I understand and hereby agree to assume all of the risks which may be encountered at these events, including activities preliminary and subsequent thereto. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and discharge Calvary Baptist Church 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 these events or in any other 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 Pennsylvania and that if any portion 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 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.

Signature of Parent or Guardian:

_____ **Date:** _____

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Child Information

Name:

Address:

City: State:

Zip: Phone: ( )

Age: Male: Female:

School: Grade:

Home Church:

Medical Authorization

Parent's Name:

Home Phone: ( )

Cell Phone: ( )

Work Phone: ( )

Allergic Reactions:

( ) Bee Stings ( ) Medications ( ) Other

Describe Reaction:

Respiratory Problems:

Other Medical Problems:

Restricted Activities:

Date of Last Tetanus: Current ( )

Doctor's Name:

Doctor's Phone Number: ( )

I give my child permission to take Tylenol:

I give my child permission to take Ibuprofen:

In case of a medical emergency, I understand that every effort will be made to contact me as the parent or guardian of this child. In the event that I cannot be reached, I hereby give permission to the physician selected by Calvary Baptist Church representatives to hospitalize and secure proper treatment for an injection or anesthesia or surgery for my child as named above.

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