

Transportation and Release Waiver

I hereby give my permission for my son/daughter/grandson/granddaughter, _____, to participate in church activities and activities incidental thereto, including being transported in vehicles driven by members of Chestnut Grove Baptist Church. In the event of an accident, I have provided the necessary medical information with this form. Should medical attention be necessary, I authorize any adult designated by Chestnut Grove Baptist (City of Grayson, County of Gwinnett, and State of Georgia) leadership to act on my behalf and approve appropriate emergency medical treatment until such time as I can be present.

It is my intention by signing below, to exempt and relieve Chestnut Grove Baptist Church and its officers, agents, members, drivers or employees from liability for personal injury, property damage, or wrongful death of my son/daughter/ grandson/granddaughter caused by any accident or act of negligence. I realize that by permitting my son/daughter/grandson/granddaughter to use any facility or equipment in connection with Chestnut Grove Baptist church, including vehicles, that some of these may involve dangers and risk of bodily injury. I hereby voluntarily and absolutely release, discharge, waive and relinquish any and all loss or damages or actions or causes of action for personal injury, personal damage, or wrongful death occurring to _____ as a result of him/her being transported by church members or using any facility or equipment or engaging in and/or receiving instruction in any activity or activity incidental thereto. As the undersigned parent or guardian; for myself, my heirs, executors, administrators, or assigns, I agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Chestnut Grove Baptist Church or its officers, agents, servants or employees, I will indemnify and hold harmless Chestnut Grove Baptist Church and its officers, agents, members, or employees from any and all claims or causes of action by my son/daughter/grandson/granddaughter or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will I present any claim against Chestnut Grove Baptist Church and said persons.

I also agree that in the event a representative from Chestnut Grove Baptist Church determines that my son/daughter/grandson/granddaughter’s conduct is detrimental to the group he/she is with, that my child may be dismissed from the group and transported home. I also agree to assume all responsibility for said transportation, including, but not limited to, providing transportation myself or providing financial means required for my child’s transportation, such as expenditures for gasoline, food, or an individually purchased ticket for transport.

The undersigned parent or guardian represents that he/she has read this RELEASE, has requested and has been provided with, or has declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signature of parent or guardian for _____:

Signature _____ Date _____

MEDICAL PERMISSION/RELEASE FORM

Please fill out the following form and return it to Chestnut Grove Baptist Church as soon as possible. This information is necessary in order for your child(ren) to attend any functions that are held away from the church campus. If we do not have a form for your child(ren) he/she will not be able to participate.

Name of child(ren):

Birthday:

Address _____

City _____ State: GA Zip _____

Parents/Guardians Names:

In case of emergency, notify: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

List All Known:

Allergies:

Medical Problems:

Medications:

Date of last Tetanus shot: _____

Family Physician: _____ Phone #: _____

Name of Insurance Co.: _____

Policy # : _____

Please attach a legible copy of your insurance card to the back of this form.

Signature of Parents/Guardians:

_____ Date _____

_____ Date _____