

First Baptist Woodway

Travel Permit/Medical Release

I agree to permit _____ to attend this activity with the First Woodway Student Ministry. The trip sponsors have my permission to seek any medical treatment for my child.

Medical Release/Authorization: I hereby give authority to one of the trip sponsors to secure any necessary medical treatment in the event of an emergency due to sickness or accident while on this outing. I understand that our family physician will be contacted, if possible, but in the event that he cannot be reached, the counselor in charge may choose a reputable physician. We assume all of the risks and hazards incidental to the conduct of the activities and transportation to and from the area. We do hereby release, absolve, indemnify and hold harmless the First Baptist Church Woodway, the organizers, the sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named youth rising out of the trip. In case of injury we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

Signature of Parent/Guardian

Date

Phone # _____