

# Consent to Transport Minor Waiver and Release Form

Greater Springfield Baptist Church  
721 Jones Avenue, NW, Atlanta, Georgia 30314

Youth Name: \_\_\_\_\_ Youth Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Work Phone: \_\_\_\_\_

Parent or Guardian Mobile Phone: \_\_\_\_\_

Does the Youth have any special medical condition or health problem of which Greater Springfield Baptist Church should be aware of?

## Transportation Waiver and Release:

I, the undersigned, give my consent for the person identified above to be transported by Greater Springfield Baptist Church and will assume all liability for their participation in this work./activity/event and any injury that may happen in the duration of the transport or at the site of the work/activity/event.

### Further, by signing below:

- 1) I authorize Greater Springfield Baptist Church to procure and provide transport solely for my child / children.
- 2) I will not hold Greater Springfield Baptist Church, its officers, clergy, agents, employees, members, volunteers, or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or in the duration of travel.
- 3) I authorize Greater Springfield Baptist Church to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such work./activities/events or the duration of travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
- 5) I accept full responsibility and hereby grant permission for my minor child to travel with Greater Springfield Baptist Church.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_