

IMPACT VIRGINIA 2018

GENERAL RELEASE AND AUTHORIZATION

General Release

I have read the Parent Information Sheet detailing the nature and ministry of IMPACT Virginia! and I acknowledge and understand the information, release, and responsibility issues related with IMPACT Virginia!

Initial here _____
Parent Participant

Authorization For Treatment

I, the undersigned, for myself and / or on behalf of my child under 21 years of age, give permission for an attending physician or hospital staff to administer medical care if deemed necessary by IMPACT Virginia! and the physician or hospital staff during the IMPACT Virginia! project.

Initial here _____
Parent Participant

Release of Claims And Liability

I, the undersigned, for myself and / or on behalf of my child under 21 years of age, do hereby release from all claims and forever hold harmless the directors, employees, and agents of IMPACT Virginia! and the Baptist General Association of Virginia from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature incurred by myself or my child.

Initial here _____
Parent Participant

Release Of Likeness

I, the undersigned, for myself and / or on behalf of my child under 21 years of age, give permission for pictures and videos to be taken and used for promotion of the IMPACT Virginia! project.

Initial here _____
Parent Participant

Assumption Of Responsibilities

I, the undersigned, for myself and / or on behalf of my child under 21 years of age, do also assume personal responsibility for all medical bills in excess of the applicable medical insurance plan provided by IMPACT Virginia! A copy of this policy is available at the IMPACT Virginia! office.

Furthermore, I assume all costs for damages incurred by my child due to his or her negligence of rules and restrictions placed on them by IMPACT Virginia! And, should it be necessary for my child to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs

Initial here _____
Parent Participant

Participant Signature _____ Date: _____

Custodial Parent / Guardian Signature _____ Date: _____

Forms are not valid without proper initials and signatures in all areas