

Sweetwater Baptist Church Consent Form

Participant Name _____ Age _____ Grade _____

Birthdate _____ Gender (circle one) Male Female

Participant Name _____ Age _____ Grade _____

Birthdate _____ Gender (circle one) Male Female

Participant Name _____ Age _____ Grade _____

Birthdate _____ Gender (circle one) Male Female

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian/Participant (if over 21 years of age) Phone numbers:

HM (_____) _____ WK (_____) _____ CELL (_____) _____

To Whom It May Concern:

I hereby give permission for participant(s) to attend and participate in activities sponsored by **Sweetwater Baptist Church**, from September 1, 2013 through September 30, 2014.

I authorize an adult, in whose care the participant(s) has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the participant(s) under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnoses or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the participant(s) mentioned above.

The undersigned does also hereby give permission for participant(s) to ride in any vehicle designated by the adult in whose care the participant(s) has been entrusted while attending and participating in any activities sponsored by **Sweetwater Baptist Church**.

I, being 21 years of age or older, do (for and on behalf of participant(s) who is not 21 years of age) hereby release, forever discharge, and agree to hold harmless **Sweetwater Baptist Church** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said participant(s) is involved in church activities.

Furthermore, I (and on the behalf of participant who is not 21 years of age) hereby assume all risk of personal injury, sickness or death, damage and expense as a result of participation in recreation and work activities involved therein.

_____	_____ (or)
Father's Signature	Date
_____	_____ (or)
Mother's Signature	Date
_____	_____ (or)
Legal Guardian's Signature	Date
_____	_____
Participant's Signature (if 21 years of age)	Date

Social Security Number of Primary Insurance Holder _____

Hospital Insurance Yes _____ No _____

Company _____ Policy # _____

Family Physician's Name _____ Telephone _____

Emergency Contacts: _____

Please list any known allergies or special medical problems the participant may have:
