

Double Springs Baptist Church
3800 Locust Hill Rd, Taylors, SC 29687
2022 Liability Release and Parental Consent

Name of Participant _____

Age _____ Birth Date _____ / _____ / _____

Address _____

Phone Numbers (Student/Parent) _____

To whom it may concern:

The undersigned gives permission for our (my) child, _____, to attend and participate in activities sponsored by Double Springs Baptist Church during **2022 and any events that carry over from 2022 to 2023.**

We (I) authorize an adult, in whose care the minor 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 minor 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 diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, behavior reasons, or otherwise, the undersigned shall assume all transportation costs, including the costs of the accompanying chaperone. I understand that if any incident requires police response, my child will be released to local police.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Double Springs Baptist Church. I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Double Springs Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Hospital Insurance Yes _____ No _____ Insurance Co _____

Policy # _____

Participant _____ Date _____

Father _____ Date _____

Mother _____ Date _____

Emergency Contact and Ph No.'s _____

Please list any allergies or special medical problems your child may have, and any medications they are currently taking:

My child is to be excluded from the following activities: _____

Legal Guardian's Signature _____ **Date** _____