

# PARENTAL CONSENT FORM AND LIABILITY RELEASE

Name of Activity: Summer Surge 2026

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

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**To whom it may concern:**

The undersigned gives permission for our (my) child, \_\_\_\_\_, to attend and participate in activities sponsored by Crosswell Baptist Church, (Dates) – June 1-4, 2026

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 Crosswell 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 CBC, 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 Phone 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 \_\_\_\_\_

