**For all events from January 1, 2017 to January 1, 2018.**

**Please print in ink**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Address City State Zip

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of Sonrise Baptist Church is ***a privilege***. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation related accidents, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

# **Release of Liability**

By signing this permission/waiver form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release **Sonrise Baptist Church** and its ministers, leaders, employees, volunteers and agents from any claim that my student may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the student's or my family or estate, heirs, representatives, or assigns may have against **Sonrise Baptist Church** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **Sonrise Baptist Church** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my student during such activities.

# **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the student named above may be in need of firstaid emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Sonrise Baptist Church** to seek and secure any needed medical attention or attention for the student named above, including hospitalization, if in the agent's opinion such need arises. ***In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.***

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

## Publicity

## On occasion Sonrise Baptist Church takes photographs or makes an audio or videotape recording of students and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual records may be used by Sonrise Baptist Church publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interests features. I consent to the use of any (appropriate) such audio or visual record of the student named above to be used, distributed or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings (appropriate in nature). Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

## Signature of Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give Permission for the student named above to participate in the activities of **Sonrise Baptist Church**, including any special events or activities described above. In consideration for allowing the participation of the student in the activities of **Sonrise Baptist Church**, I hereby consent to the Permission/Waiver Form including the Release of Liability above, on behalf of the student, and agree that this Permission/Waiver Form shall binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_