

**CHAPEL HILL BAPTIST STUDENTS 2012 Consent Form / General Release and Hold Harmless Agreement**

The undersigned, as known by a parent/guardian of the undersigned, desires to participate in various programs, events, or activities (herein referred to as "Activities") operated by or sponsored by Chapel Hill Baptist Church. The undersigned, or a parent/guardian of the undersigned, further understands and acknowledges that the undersigned, or a parent/guardian of the undersigned, may incur personal injury or bodily damage while participating in such Activities. The undersigned or a parent/guardian of the undersigned understands and acknowledges that Chapel Hill Baptist Church would not allow the undersigned, or a parent/guardian of the undersigned, to participate in such Activities without releasing and holding harmless Chapel Hill Baptist Church. Further, the undersigned, or a parent/guardian of the undersigned, agrees to hereby release, and forever discharge Chapel Hill Baptist Church, its employees, and any parties volunteering on behalf of Chapel Hill Baptist Church (including official ministry volunteers), from all actions, claims, cost, expenses or damages of any kind growing out of or related to any Activity of Chapel Hill Baptist Church which the undersigned, or a parent/guardian of the undersigned, participates.

The undersigned, or parent/guardian of the undersigned, further acknowledges that this is a full and complete release for all injuries and damages which the undersigned, or participant, may sustain or cause as a result of the undersigned's, or participant's, participation in any Chapel Hill Baptist Church program.

For a Student

I, \_\_\_\_\_ (parent/legal guardian's name) being the legal guardian of \_\_\_\_\_ (student's name) give my permission for him/her to attend various church functions, both on and off of the church campus, with Chapel Hill Baptist Church for the entire year of 2012 (January 1, 2012-December 31, 2012). The undersigned, being a parent and/or guardian of the above minor, does hereby authorize the treatment of the above minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in a church-sponsored event, including transportation to and from the event site.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date

For an Adult Leader

I, \_\_\_\_\_ (adult participant) do agree not to hold Chapel Hill Baptist Church or any of its students, employees, or volunteers liable for any personal injury sustained at a church-sponsored event, and hereby authorize the treatment of myself by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my life, cause disfigurement, physical impairment, or undue discomfort if delayed, while I am participating in a church-sponsored event, including transportation to and from the event site.

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

My commission expires \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

notary seal

Medical Information

Name of Participant \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's SSN: \_\_\_\_\_

Mom's Employer: \_\_\_\_\_

Mom's Work Number: \_\_\_\_\_ Mom's Cell Number: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's SSN: \_\_\_\_\_

Dad's Employer: \_\_\_\_\_

Dad's Work Number: \_\_\_\_\_ Dad's Cell Number: \_\_\_\_\_

Other emergency contact name (and relationship to participant): \_\_\_\_\_

Emergency Contact Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Person Responsible for medical expenses: \_\_\_\_\_

**\*\* (if other than parent, list employer, home address, SSN, and phone number below) \*\***

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*PLEASE ATTACH A COPY OF YOUR INSURANCE CARD\*\*\***

Name of Insurance Company: _____ _____
Insurance Policy Number: _____ _____
Expiration Date of Policy: _____ _____

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**OTHER INFORMATION-Please list any allergies, medicines to be taken on the trip, or any other health related issues:**

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