

**Elkton Baptist Church Children’s Ministry Medical Release and Permission Form**

My child, \_\_\_\_\_ has permission to travel with Elkton Baptist Church or attend all Children’s Activities (including, but not limited to, AWANA, VBS, Wednesday and Sunday Night Activities, Children’s Camp, and any off-campus children’s activities.) While I understand the church will take all reasonable steps to provide individual care and safety for my child, I am aware that the Church or their employees or agents cannot assume any responsibility for an injury, damage, or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my child to participate, I agree that full responsibility will remain with me, as parent or guardian of my child. Should any claim be asserted by any person as the result of the act of my child while participating in the course of activities provided by the Church, or travelling to or from such activity, or should my child assert any claim against the Church or its employees or agents, I agree to indemnify and hold the Church harmless from any such claim, including attorney fees and costs incurred by the Church in defense thereof. I further authorize medical treatment of my child in the event of illness or injury sustained in my absence while my child participates in the course of activities provided by the Church.

I also give permission for my child to be photographed or videoed for future promotional purposes.

By signing below, I am indicating that I have read, understand, and give consent to all the above information. This form will be kept on file until a parent or guardian revokes this permission.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_