

Parent or Guardian Consent

Youth(s) Name: _____ Date of Birth: _____

Emergency Contact (name and number):

Current Medical Form on File at church: YES or NO (medical forms are good for 12 months)

CURRENT MEDICAL FORM REQUIRED FOR THIS TRIP

Name of Activity: Crossroads Winter Conference – Gatlinburg, TN

Date(s) of Activity: Jan 13-16, 2017

I, _____ (printed name of parent/guardian) being the parent or legal guardian of the above named youth, have been informed of the above activity sponsored by Cowee Baptist Church and hereby give my consent for my child to participate in this activity.

It is expressly understood that my child is to be under the supervision of chaperones and is accountable to them for any misconduct during the trip. I understand that this is a church sponsored event and my child is expected to act accordingly.

I do hereby release, absolve, indemnify and hold harmless Cowee Baptist Church, its leaders, employees, volunteer staff, organizers, sponsors and supervisors from any and all loss, injury or other damage to us or our child. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I likewise release any person transporting my child to and from activities. I will reimburse any charge or damage that my child causes or participates in.

Signature of Parent or Legal Guardian

Date