

Permission Slip/Medical Release for Off-Campus Activities
Triune Baptist Church
894 Henry Horton Hwy.
Arrington, TN 37013
615-395-4079

Group/Leader: _____

Activity: _____

Date of Activity: _____ Time: _____

Waiver and Release of Liability & Permission
PLEASE READ CAREFULLY

In consideration for permission to participate in this activity and any related transportation I agree as follows:

1. I have considered and evaluated the risks, dangers and possibility of injury resulting from participation in and related transportation to the activity in which I, or my child or ward is participating.
2. I know and understand foreseeable and unforeseeable injuries could occur from actions of myself, my child or ward, other participants, Triune Baptist, its employees or volunteers, and other persons involved in the activity or not.
3. ***I deliberately and knowingly assume all cost, risk of injury and/or other damages for myself and/or my child or ward, including but not limited to cost of medical treatment, permanent injury or death, and property damages resulting from this activity. I waive, release and hold harmless Triune Baptist Church, its employees and volunteers from all legal and financial responsibility and from all cost, injuries and/or other damages for myself and/or my child or ward (including but not limited to, cost of medical treatment, permanent injury or death, and property damage) from this activity and related transportation.***
4. If I am not present, or if present, not able to make decisions, I authorize Triune Baptist Church, its employees, volunteers and/or contractors to obtain or provide any first aid or other medical treatment which they deem necessary for me or my child and/or ward at my expense and this is subject to the waiver, release, assumption of cost, risks, and hold harmless agreement, etc. set forth in preceding paragraph.
5. I represent that I am the parent/legal guardian of the child I am registering, and I give permission on behalf of myself and any lawsuits arising from this agreement of this sport or activity, jurisdiction in venue must be in the courts for Williamson County, Tennessee.

Child's Name (please print): _____

Parent/Legal Guardian: _____ Date: _____
Signature

Parent/Legal Guardian: _____ Date: _____
Signature

Emergency Contact Phone Number for Parent/Legal Guardian: (_____) _____