

Kiokee Baptist Church Permission and Release Form

I, _____, am the parent and legal guardian of
_____, a minor, and I hereby acknowledge and agree:

1. That Kiokee Baptist Church is organizing an event to be held August 2nd, 2010;
2. That _____, my child, has my permission to attend this event and to participate in all the related activities of the event;
3. That Jonathan Melchior and the other employees and adult agents of Kiokee Baptist Church are hereby given the following authority during the time period indicated above:
 - a. To consent to any medical treatment that may be required by my child in the place and with the same authority as I would have were I present;
 - b. To record or have some other person record any or all of my child's participation in the event by means of photographs, motion pictures, video recordings, audio recordings, or in any other manner of recording, and to use those recordings without notice to me or recompense of any kind to me or to my child; and
 - c. To exercise authority over my child in the same manner that I would be able to exercise authority were I present; and
4. That Kiokee Baptist Church, Jonathan Melchior, and the other employees and adult agents of Kiokee Baptist Church are hereby released from liability for all actions taken in good faith in connection with the event;
5. That I shall be fully liable for all costs and expenses arising from medical treatment of any kind received by my child under this permission and release; and
6. That I have full legal authority to grant this permission and release and that Kiokee Baptist Church and its employees and adult agents may rely upon this permission and release in good faith.

Parent or Guardian Signature: _____ Date: _____

For emergency contact: _____

Telephone #: _____

Cell #: _____