

## Kiokee Baptist Church Permission and Release Form

In consideration of my child/student \_\_\_\_\_ participating in the following (event, trip, activity) \_\_\_\_\_ to be held on \_\_\_\_\_

I do hereby grant the following permissions and waivers.

1. That Kiokee Baptist Church 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
2. That Kiokee Baptist Church, Kiokee Baptist Church 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;
3. 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
4. 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 #: \_\_\_\_\_