

Kiokee Baptist Church Permission and Release Form
(individuals 18 and older)

In consideration of myself _____ 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 for myself, in the condition I am unable to do so for myself;
 - b. To record or have some other person record any or all of my 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; 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 myself 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.

Signature: _____

Date: _____

For emergency contact: _____

Telephone #: _____

Cell #: _____