

Victory Baptist Student Ministry CONSENT AND RELEASE FORM

I, the undersigned parent or legal guardian, hereby consent to _____, herein referred to as my child, participating in all VICTORY TEEN activities that will take place from January 1, 2020 through December 31, 2020.

I certify that my child is able to participate in all activities, unless otherwise stated below. My child is authorized to ride in any vehicle deemed necessary for traveling to and from any and all activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number(s) listed below. If I cannot be reached, I hereby authorize the adult sponsor, _____ or _____, to make emergency medical decisions for my child. If there are any activities, I do not want my child to be involved in, I have listed them below.

I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto.

I do hereby agree to hold VICTORY BAPTIST CHURCH and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which my child now has or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of SOUTH CAROLINA, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that **I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act.** This is a legally binding agreement which I have read and understand.

_____ Int.
_____ Int.

Telephone numbers where I may be reached in an emergency: _____

If I can NOT be reached at the number given above, please contact one of the adults below:

Name _____ Phone# _____
Name _____ Phone# _____

My child is NOT authorized to be released to the following person(s) _____

I do not wish my child to participate in the following:

Date: _____

Date: _____

 Parent
 Legal Guardian
 Other: _____

 Parent
 Legal Guardian
 Other: _____