



Villa Heights Baptist Church
4080 Challenger Avenue
Roanoke, VA 24019
(540) 977-7305

PARENT PERMISSIONS AND RELEASE OF LIABILITIES

Child's Name: _____ Date of Birth: _____ Age: ____

Activity: _____ Date(s): _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian: Please make sure that you go over the Code of Covenant with you Youth and/or Child, so that you both understand our ground rules. I understand that without this form being completed in its entirety my youth and/or child will not be allowed to participate in this event.

All youth and/or children at this event understand that this event is sponsored by Villa Heights Baptist Church. THIS IS A CHURCH EVENT! Each participant is responsible for the following covenant:

1. I will be respectful of everyone in attendance at the event and the Church property.
2. I will respect the property of others at the event.
3. I will strive to maintain a positive attitude and keep an open mind during the event.
4. In case of an emergency I will contact an adult leader immediately.
5. I will participate in the activity that is planned.
6. No drugs, alcohol or tobacco of any kind.

MEDICAL RELEASE:

I understand that in the event of a medical emergency, if any medical or surgical care becomes necessary for (name) _____, I, the participant or parent/guardian, grant those in charge of the event permission to authorize medical attention as recommended by a licensed physician, if I am unavailable. By signing below, the participant or parent/guardian acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant or parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant or parent/guardian promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant or parent/guardian agrees to resolve the matter through a mutually acceptable arbitration process.

Emergency Contact Information:

Every effort will be made to contact the parent or guardian; however in case that is not possible, please provide the name of a contact that will be available during the time of the event who can act as an emergency contact.

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

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Insurance Information:

Physician: _____ Physician Phone #: _____

Insurance Company: _____ Policy #: _____

Does the participant have any allergies or other medical problems of which we need to be aware?
If yes, please list: _____

AUDIO / PHOTO / VIDEO RELEASE:

I, the undersigned, do hereby consent to the use by Villa Heights Baptist Church of the image, voice, or both of, _____ listed above (1) the video, photograph, or audio recording; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording; regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of Villa Heights Baptist Church.

I warrant that I am the parent or legal guardian of the minor described below and have the full right and authority to grant this consent on behalf of such minor.

In addition, I waive all claims to compensation or damages based on the use of such minor's image or voice, or both, by Villa Heights Baptist Church. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on the minor, our heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Printed name of parent/legal guardian: _____

Home Phone: _____ Cell Phone: _____

Signature of parent/legal guardian: _____

Address of parent/legal guardian: _____

City: _____ State: _____ Zip: _____ Date: _____

One copy of this form will need to be completed for each person attending the event. Confidential information will remain confidential and will be used only in case of an emergency.