

Waiver, Travel Waiver, and Medical Release

Trip: _____

Student's Name: _____

Waiver and Medical Release

In consideration for allowing the above-named child to participate in activities affiliated with Elkview Baptist Church, I/we do hereby, on behalf of ourselves and on behalf of the above-named child, release Elkview Baptist Church, its staff, leadership, employees, agents, representatives, chaperones, and volunteers (collectively referred to as "Elkview Baptist Church") from any and all claims and liabilities of whatsoever nature, both individually and collectively, that may arise from my child's participation in any activities affiliated with Elkview Baptist Church, whether or not such activities occur on the property of Elkview Baptist Church and whether or not such claims or liabilities arise out of the negligence or other conduct of Elkview Baptist Church. I/We recognize, understand, and acknowledge that the activities in which the child will or may participate involve risks, including bodily injury or even death, but I/we are nevertheless voluntarily and knowingly consenting to the child's participation in those activities and are fully releasing Elkview Baptist Church from any and all claims for such injury or death.

I/We further agree that Elkview Baptist Church representatives have the authority to authorize or provide such emergency medical, dental, surgical care, or treatment and are authorized to make all medical, dental, or surgical care decisions as may be necessary in their judgment for my child during his/her participation in activities affiliated with Elkview Baptist Church, including but not limited to church trips/activities. I/We understand that I/we will be financially responsible for any costs incurred in the emergency treatment and/or transportation of my child.

We, the parents/guardians of the above-named child, do hereby give over and release unto the staff, leadership, employees, agents, representatives, chaperones, and/or volunteers of Elkview Baptist Church all authority and responsibility to authorize any and all medical treatment necessary for the protection of the health and well-being of my aforementioned child. This authorization shall authorize any and all medical treatment by licensed medical personnel, pursuant to this my express authorization, whether written or oral, or the staff, leadership, employees, agents, representatives, chaperones, and/or volunteers of Elkview Baptist Church.

This authorization shall be effective until it is expressly revoked.

I hereby grant permission for the staff, leadership, employees, agents, representatives, chaperones, and/or volunteers of Elkview Baptist Church to administer over-the-counter medications, including, but not limited to: Tylenol, Advil, Tums, Benadryl, Anti-Itch Cream, Triple Antibiotic Cream, Benadryl Cream, Cough Drops, Throat Spray, or Lozenges.

I/We further understand that my child will be using the facilities of Elkview Baptist Church and facilities owned and operated by third parties. I further understand that my child may be transported in equipment owned, leased, or rented by Elkview Baptist Church, and that third parties may operate such equipment. I/We understand that we, by signing this document, release Elkview Baptist Church from all claims and liability whatsoever. I/We further understand that I/we are financially responsible for any damage to public or private property caused in whole or part by my child.

Elkview Baptist Church has my permission to use, without compensation, any photographs, videos, recordings, or other media for the purposes of brochures, videos, advertising, website, or other promotional items, and waive any right of ownership to such media or other claim I/we may have to receive any royalty or other compensation for such use. I/We further understand that these photos/videos will be used for Elkview Baptist Church promotional use only.

I/We acknowledge that I/we have read and understand all aspects of this agreement and, by our signature, indicate agreement with the terms set forth in this document. We agree to copies, scans, or faxes of our signature are accepted and binding. I/We acknowledge that this Medical Authorization, Release and Waiver is effective until I/We submit a new or updated Medical Authorization, Release and Waiver and I/We agree to provide updated information as necessary.

We have had the opportunity to speak with legal counseling regarding this document and, in consideration of our child's participation, understand that we are giving up any and all claims against Elkview Baptist Church.

Parent/Guardian Signature(s): _____

Date(s): _____

