

Jersey Baptist Church
13260 Morse Road, Pataskala, OH 43062 740/927-1859

CONSENT AND RELEASE FORM FOR CHURCH ACTIVITY

I, the undersigned parent(s) or guardian(s), hereby consent to my child, _____, who is _____ years of age, to participate in the activities connected with the Kid's Kamp to and from Seneca Lake Baptist Assembly, Senecaville, OH. This is an activity sponsored by Jersey Baptist Church on the following date(s) August 1 - 5, 2011. I understand that my child will leave the church at 12:00 P.M. on Monday, August 1 and will return to the church at 1:00 P.M. on Friday Aug. 5 and that the transportation used will consist of buses. I understand that this activity will include the following: games, devotions, swimming. I certify that my child is able to participate in any and all of these activities. If my child has medical conditions, which may be relevant to a physician in the event of any emergency, I have listed them below. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by church officials, I hereby authorize the, camp nurse, to make emergency medical decisions for my child. If there are any activities that 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 ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Jersey Baptist Church and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limit to, any injury to my child or property, even injury resulting in death.

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 Ohio and that if any portion hereof 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.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

Medical conditions to be aware of: _____

Physical restrictions: _____

Instructions and medications: _____

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Date of last tetanus or booster: _____

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

Parent or Guardian

Parent or Guardian

Date

Date

Telephone numbers where I may be reached in an emergency:

Home: _____ Cell: _____

EMAIL:(required) _____

Please List size of shirt: YS___ YM___ YL___ AS___ AM___ AL___ AXL___ AXXL___