

**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 Crossover. This is an activity sponsored by Jersey Baptist Church on the following date(s) May 13-14, 2011. I understand that my child will be at the church between 6:00 pm on Friday through 2:00 pm on Saturday. I understand that this activity will include the following: dinner on Friday, breakfast and lunch on Saturday, a high ropes course, rock wall climbing, paintball, devotions, and games. 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 church or the adult sponsor, Erik Koliser or Ryan Morris, 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:

\_\_\_\_\_