



# The Baptist Church at Ebenezer

## Consent/Release Form

Participants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of parent/guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List of known allergies: \_\_\_\_\_

### Consent/Release

I certify that I have been informed of the above activity as sponsored by The Baptist Church at Ebenezer and hereby give my consent for the named participant to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold The Baptist Church at Ebenezer, its leaders, employees, and volunteer staff liable for damaged, losses, diseases, or injuries incurred by the participant listed on this form.

### Consent to Treat

Being the participant, parent, or legal guardian of the participant listed on this form, I hereby consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I am unconscious or cannot be reached in an emergency, I give permission to the church staff representative or activity leader to make the decisions necessary for treatment. Should there be no church staff representative or activity leader present, I give permission to the attending physician to treat me or the person listed as participant on this form. I further understand that the doctors, dentists, and other providers attending to the participant will take all reasonable safety precautions during their care. Further, as the participant or the participants parent/guardian, I am responsible for the health care decisions for the participant and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church will be used as the secondary coverage.

Printed name of the participant, parent/guardian: \_\_\_\_\_

Signature of participant, parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Notary: \_\_\_\_\_ Seal: \_\_\_\_\_

Date: \_\_\_\_\_