

Parental Consent Form

Golden Springs Baptist Church

Name: _____ Age: _____ Birth Date: _____
Address: _____ Phone: () _____
City: _____ State: _____ Zip: _____
School: _____ Grade just completed: _____
Parent(s) business phones: _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____,
(name of child)

to attend and participate in activities sponsored by **Golden Springs Baptist Church** on **June 15, 2022-June 14, 2023**.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnoses of treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Golden Springs Baptist Church.

I hereby authorize Golden Springs Baptist to record and photograph (on film, tape, digital, electronic or otherwise) me or my child and to record his or her voice during their participation in the any church event. I hereby further authorize and agree to Golden Springs Baptist's unrestricted use, reuse and distribution of said images and recordings, in whole or in part, whether in the original or modified form, in any manner or media (including website), including, without limitation, for purposes of advertising, promoting and publicizing any event of Golden Springs Baptist, whether during the event or at any time thereafter, in the sole and absolute discretion of Golden Springs Baptist, both in the United States and internationally. I expressly and irrevocably waive any and all rights I might otherwise have, now or in the future, to any related privacy or intellectual property rights, proceeds, benefits or similar claims of any kind. I hereby release and discharge Golden Springs Baptist (as defined herein above) its officers, employees, staff, sponsors, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation and implementation of the Event, individually and collectively, from and against any and all claims, demands, or causes of action that I may now or hereafter have in connection with or in any way related to the use and exercise of the rights granted in this release and consent.

I do hereby waive, release covenant not to sue and forever discharge, to the fullest extent permitted by law, Golden Springs Baptist Church and its related or connectional organizations, officers, agents, employees, representatives, successors, assigns and all others of and from any and all responsibilities, claims, expenses, personal injury, wrongful death or liability for injuries or damages of any kind resulting from my participation in any activities of the above-mentioned facilities or arising out of my participation in any such activity. I do hereby indemnify, release and hold harmless, to the fullest extent provided by law of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury, damage or death to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising of or connected with my participation in any activities of the above described with **Golden Spring Baptist Church** . (Please initial _____)
(Continued on back)

Hospital Insurance: Yes _____ No _____

Insurance: _____

Policy Number: _____

Emergency phone numbers: _____

Participant	Date
_____	_____
Father	Date
_____	_____
Mother	Date
_____	_____
Legal Guardian	Date

Please list any medications (including dosages) and/or important medical issues/history on back of form.

List any medications (including dosages) and/or important medical issues/history below:

Food Allergies
