

**PARENTAL CONSENT
WAIVER OF LIABILITY AND
MEDICAL RELEASE FORM**

Name _____ Age _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

School _____ Grade (in or completed) _____

Parent's Cell or Business Phone _____

The undersigned hereby gives permission for our (my) child, _____, to ride in any vehicle with an adult from Bible Believers Baptist Church and to attend and participate with Master Club at the Texas State Aquarium, on Sat Oct 30, 2010 from 1:00 p.m. to 4:00 p.m. Meeting there at the Aquarium.

In consideration of the right to participate in the activities arranged for our (my) child by Bible Believers Baptist Church, we (I) have and hereby assume for our (my) child all risk and hold Bible Believers Baptist Church and all persons associated with it in any way harmless from any and all liability, action, cause of action, debts, claims, demands of every kind and nature whatsoever which may arise from or in connection with our (my) child's participation in its programs, events, and activities. These terms shall serve as a release from and assumption of all risk and liability for our (my) child.

We (I) authorize an adult with Bible Believers Baptist Church to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to our (my) child under the provisions of the Medical Practice Act by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of a physician or a hospital.

We (I) shall be liable for and agree to pay all costs and expenses incurred in connection with the medical and dental services rendered to our (my) child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, we (I) shall assume all transportation costs.

Family Doctor _____ Phone _____
Health Insurance? ____ Yes ____ No
Insurance Co. _____
Policy Number _____
Emergency Phone Contact
_____ (Name)
_____ (Phone)

_____	Participant	_____	Date
_____	Mother or Guardian	_____	Date
_____	Father or Guardian	_____	Date