

**Consent, Waiver, and Release Agreement**  
Valley Grove Baptist Church  
Stephenville, Texas

Today's Date: \_\_\_\_\_  
Name of Child: \_\_\_\_\_  
Name Of Parents: \_\_\_\_\_  
Address of Parents: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ Cell No. \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ Cell No. \_\_\_\_\_  
Name of Medical Insurance Company: \_\_\_\_\_  
Policy No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Doctor Preference: \_\_\_\_\_  
Name Of Clinic Doctor Affiliated with: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
List any known allergies: Food: \_\_\_\_\_ Drugs: \_\_\_\_\_  
Other: \_\_\_\_\_

Should your child's activity be restricted in any way? Yes Or No (please circle) If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child takes regularly:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Consent**

In the event of accident or illness concerning the above named child, Valley Grove Baptist Church, Inc. will use its best effort to contact the parent immediately. In the event the parent is not immediately available, the Church is authorized to secure such medical attention and care for the child as under the circumstances to the Church may seem proper, and if reasonably possible, the above named preferences shall be adhered to. The parents or guardian shall assume full responsibility for all medical bills, doctor bills, and hospital bills, it being understood and agreed that pursuant to the Consent, Waiver and Release Agreement hereof, Valley Grove Baptist Church, Inc., its representatives and employees shall not be responsible or liable for any injuries, sickness or other medical problems of the above named child. THE CHURCH DOES NOT CARRY ANY INSURANCE TO COVER THE ILLNESS OR INJURY OF ANY CHILD, IT BEING THE PARENT'S RESPONSIBILITY TO FURNISH SUCH INSURANCE AS THE PARENT MAY DESIRE.

This Medical Release Form will be kept on file at  
Valley Grove Baptist Church and will expire  
December 31, \_\_\_\_\_.

Signed: \_\_\_\_\_

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

**Excursion Release**

The above named person has my permission to go on any trips or activities sponsored by Valley Grove Baptist Church, Inc. and be supervised by its representatives and/or employees.

Signed: \_\_\_\_\_

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

**Wavier**

We, the undersigned, the parents or guardians of \_\_\_\_\_, a minor, hereby waive any and all claims against Valley Grove Baptist Church, Inc., it's representatives, and/or employees, that I may have arising out of or in any way related to the trip and/or church-related or church sponsored activity. Neither Valley Grove Baptist Church, Inc. Nor it's representatives or employees shall be liable or responsible for, and shall be saved and held harmless by me, my heirs, executors, and assigns from any and all claims and damages or every kind for injury to or death of any person(s) and for damage to or loss of property, arising out of or attributed, directly or indirectly, to the actions of Valley Grove Baptist Church, Inc., it's representatives, and/or employees related in any way to the trip, and/or church-related or sponsored activity, including claims and damages arising in whole or in part from the negligence of Valley Grove Baptist Church, Inc., it's representatives, and/or employees.

The undersigned expressly represent and guarantee that they are the parents and/or guardians of the above named minor, and that said minor was born on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Signature of Parent or Guardian) \_\_\_\_\_

(Signature of Parent or Guardian) \_\_\_\_\_

STATE OF TEXAS

COUNTY OF ERATH

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ .

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS