

2011-2012 WAIVER

SHANDON BAPTIST CHURCH

Student Name: _____

Parent Name(s): _____

Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Insurance Company: _____

Insurance Policy/Group Number: _____

Does your child have any allergies/food allergies or physical limitations we should be aware of? Please list here

Do you give consent for your child to ride to a Shandon activity in an **adult volunteer's car**? Yes No

Do you give consent for your child to ride to a Shandon activity in another **student's car**? Yes No

I, we, hereby appoint the appropriate representative of Shandon Baptist Church, who, during my/our absence shall be authorized to consent for all medical and/or surgical treatment and/or special procedures which may be required during our absence without limiting in any manner, the foregoing appointment and authorization. The undersigned agree to pay all costs associated with such medical care and related transportation for the child and we do hereby release, absolve, indemnify, and hold harmless Shandon Baptist Church, the organizer, sponsors, and supervisors from any and all loss and injury incurred therein.

I, we give consent for my child to participate in all youth activities with Shandon on or off campus.

I, we give consent for my child to participate in only the following activities:

Parent Signature: _____