

Permission -Release Form

I give permission for _____ to participate in the following Activity: _____
to take place on the following date and time: _____.

* I hereby release Fredericksburg Baptist Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader of these activities as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent or legal guardian _____
Date

Home Phone _____ Work Phone _____

Contact if parent cannot be reached:

Name (please print) _____
Phone Number

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