CHBC Student Ministry Event & Parental Consent Form Emergency Medical Release and Liability Waiver May 2022 – May 2023

Participant's Name	Birth Date			
School Currently Attending		Grade_		
Address	City			
Zip CodeParticipant's H	Iome Phone #P	Participant's Cell Phone #		
Participant's E-Mail	Family E-M	ail		
	Emergency Information			
Mother's Name	Home #	Cell/Alternate #		
Father's Name	Home #	Cell/Alternate #		
n an emergency when parent/guardian ca	annot be reached, please contact the follo	owing:		
Name				
Home#	Cell#/Alternate #			
10me#				
	Relationship			
NameHome#	RelationshipCell#/Alternate #	- John 15: 5		
Name	RelationshipCell#/Alternate #			
NameHome#HEALTH CONCERNS (Please identify an	Relationship	lems, medications, or other health concerns):		
NameHome#Home#HEALTH CONCERNS (Please identify and Internal Plants of the In	Relationship Cell#/Alternate # my allergies (to include foods), health proble	lems, medications, or other health concerns):		
NameHome#Home#HEALTH CONCERNS (Please identify and Family Physician:	Relationship Cell#/Alternate # my allergies (to include foods), health proble Phone # Phone#	lems, medications, or other health concerns):		
Name Home# HEALTH CONCERNS (Please identify an	Relationship Cell#/Alternate # my allergies (to include foods), health proble Phone # Phone#	lems, medications, or other health concerns):		
NameHome# HEALTH CONCERNS (Please identify an	Relationship Cell#/Alternate #	lems, medications, or other health concerns):		
NameHome#	Relationship Cell#/Alternate #	lems, medications, or other health concerns):		

DISCLAIMER

Chestnut Hill Baptist Church leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with Chestnut Hill Baptist Church and all related activities associated with the Chestnut Hill Baptist Church, including injury, loss or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF Chestnut Hill Baptist Church allowing me or my child to participate in events, activities, or travel and all related activities associated with the church, including participation in all Youth Group activities related to the Youth Group (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities. Examples of activities include but are not limited to: Chill @ Chestnut events, movie theater trips, coffee shop meetups, bible studies, and and/all activities that will be planned for in the future. It is the responsibility of the participant to inform their parents about all activities. For all trips that require transportation of teens by the adult core team.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF Chestnut Hill Baptist Church allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

- 1. TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my or my child's participation in the Activities.
- 2. TO WAIVE and RELEASE the Chestnut Hill Baptist Church and all its ministries from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
- 3. TO INDEMNIFY and HOLD HARMLESS Chestnut Hill Baptist Church from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
- 4. TO INDEMNIFY and HOLD HARMLESS the Chestnut Hill Baptist Church from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

YOUTH PARTICPATION CONSENT

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Youth Group, and to obey requests to comply with safety regulations as directed by the persons in charge of the Youth Group, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seatbelt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Youth Group activities. At all Youth Group sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings, or sports events of the Youth Group or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as deemed necessary.

Acknowledgment of Parent or Guardian of Participant:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Youth Group, including any use of private or public transportation deemed necessary by the coordinator of youth ministry for Participant travel to and from Youth Group activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Group activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Youth Group. We give permission to the Coordinator of Youth Ministry to release personal information to medical staff should an emergency ever necessitate it. We also understand that the participant may be photographed or appear in video for use on the website, social media, and the church bulletin.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT by signing this agreement voluntarily, I am agreeing to abide by its terms, and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective until May of 2023 and will be applicable for all events until the May 31st, 2023.

Signature of Parent or Guardian	Date	Signature of Participant	Date
(if Participant is under 18 years of	fage)		
Printed Name of Parent	Date	Printed Name of Participant	Date