

**OCEAN COUNTY BAPTIST CHURCH**

1380 Old Freehold Road, Toms River, NJ 08753

Phone: (732) 341-5005

**CONSENT AND RELEASE FORM FOR CHURCH ACTIVITY**

I, the undersigned parent(s) or guardian(s), hereby consent to my child, \_\_\_\_\_  
FIRST LAST

who is \_\_\_\_\_ years of age, participating in the activities connected with **VACATION BIBLE SCHOOL**, an activity sponsored by Ocean County Baptist Church on the following date(s): Monday, July 13 to Friday, July 17, 2015 from 9:00 AM to Noon each day. I understand that the transportation used will be private and that this activity will include the following: Opening exercises, crafts, outdoor games, Bible lessons, & refreshments.

I certify that my child is able to participate in any and all of these activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by church officials, I hereby authorize the church or one of the adult sponsor(s): Pastor Mike de Juana, Pastor Nicholas Piervicenti, and Mrs. Terri Piervicenti to make emergency medical decisions for my child. If there are any activities that I do not want my child to be involved in, I have listed them below.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Ocean County Baptist Church and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of New Jersey and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

Medical conditions to be aware of: \_\_\_\_\_

Physical restrictions: \_\_\_\_\_

Instructions and medications: \_\_\_\_\_

**IF YOUR CHILD HAS FOOD ALLERGIES, PLEASE SEND A SNACK IN WITH THEM. THANK YOU.**

Date of last tetanus or booster: \_\_\_\_\_

I do **not** wish my child to participate in the following:

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Parent or Guardian (Print): \_\_\_\_\_

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

Telephone number(s) where I may be reached in an emergency:

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