

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, _____ 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): July 24 - 28th /2017. I understand that my child will be at the church at 9am until 12pm, and that the transportation used will consist of riding the church bus. I understand that this activity will include the following: riding bus, playing games, playing outside, eating snacks, learning Bible lesson. If your child is riding the bus please be ready for pick up @ 8:15am.

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), Pastors: Michael Weigel, Mike deJuana, Nick 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: _____

Date of last tetanus or booster: _____

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

Parent or Guardian (**Print**): _____

Signature: _____ Date: _____

Telephone numbers where I may be reached in an emergency:
