**SHILOH BAPTIST CHURCH**

**LIABILITY WAIVER FORM (Children/Youth)**

***ALL INFORMATION MUST BE COMPLETED, SIGNED AND DATED IN ORDER TO PARTICIPATE***

Please read this form before signing it. This form must have your signature, date signed and child’s name indicated below.

**BODILY INJURY/INJURIES:**

The Shiloh Baptist Church, the Pastor and staff, and Christian Education Department staff **will not** be held responsible for **any/all** bodily injury or injuries and/ or occurrences. By signing this form, you agree that your signature states that you waive all liability towards Shiloh Baptist Church and its entire ministry staff. We will not be held responsible for any accidents that occur as a result of our field trip to:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your signature will also state that you agree you child/children may ride in designated auto vehicles such as cars, vans, buses (which are the vehicles of the ministry staff and/or volunteers), and that you waive any/all liability towards the drivers of these vehicles and you agree that they will not be held responsible for any *injuries or death* that may occur as a result of an automobile accident, regardless of fault.

**PROPERTY DAMAGE**:

Your signature will also state that you agree **to waive any and all liability for damaged / lost property**, i.e., clothing, shoes, jewelry, hats, towels, electronic devices, etc. Please discuss with your child/children that they will be responsible for whatever is in their possession. Therefore, we suggest that your child/children should leave all valuables at home, i.e., expensive jewelry, large sums of money, expensive clothing, etc.

I, the parent(s)/ legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read, understand and agree to adhere to the above- mentioned matter. **By signing below, I agree to waive all liability as stated above and any and all liability that may not be stated above, which overrides any/all insurance policies**.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s) / legal Guardian’s Signature Date**

**MEDICAL RELEASE AND INFORMATION**

Fill out medical information below. Your signature below states that in case of an emergency, the field trip staff is authorized to seek medical attention for you as they deem necessary, and you agree that they will not be responsible for any results of treatment and medications given by medical professionals. Your signature also states that you will be held responsible for any and all expenses incurred as a result of medical attention given to you, including but not limited to treatment, medications, doctor office/ emergency room / hospital costs, ambulance or helicopter expenses, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Medical Insurance Provider | Medical or Subscriber I.D. No. | Primary Care Physician |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

List all Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List all medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In case of emergency, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date**