

# Collision Release Consent Form

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Student Agreement:



Fill in student's name

I hereby consent to participation by \_\_\_\_\_ my son/daughter/individual under my guardianship in **COLLISION 2018**. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless **Independence Baptist Association**, and its staff, chaperones, volunteers, membership, and drivers from any and all liability that may arise out of participation of this activity. **I also give consent for emergency medical treatment if necessary, as determined by the chaperones and camp leadership.** I also agree to hold harmless and release the Independence Baptist Association and/or other participating churches, to include their staff, chaperones, volunteers, membership, and drivers from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or my child's health insurance provider(s). As parent/legal guardian, I remain fully liable for any legal responsibility which may result from any personal actions taken by the name participant.

I hereby grant permission to the Association to use my child's/individual's under my guardianship likeness on its promotional materials including, but not limited to videos, web sites, and printed materials without further consideration, and I acknowledge the Association and the Church's right to crop or treat the likeness at its discretion.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Chaperone Agreement:



Fill in Chaperone's name

I, \_\_\_\_\_, assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless **Independence Baptist Association**, its staff, chaperones, volunteers, membership, and drivers from any and all liability that may arise out of participation in this activity. **I also give consent for emergency medical treatment if necessary, as determined by the leadership or chaperones.** I also agree to hold harmless and release the Independence Baptist Association, other participating churches to include their staff, chaperones, ,volunteers, membership, and drivers from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my health insurance provider(s). I remain fully liable for any legal responsibility which may result from any personal actions taken by the named participant.

I hereby grant permission to the Independence Baptist Association to use my likeness on its promotional materials including, but not limited to videos, web sites, and printed materials without further consideration, and I acknowledge the Independence Baptist Association right to crop or treat the likeness at its discretion.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_