



Permission to Attend, Permission to Treat & Release of Liability

A parent or guardian must read and sign the following for any minor to participate in an "off-campus" Bridge City Activity:

We, the undersigned parent(s) or guardian(s) of _____
(minor's name), a minor, do hereby consent for said minor to participate in:

_____ (a Bridge City sponsored activity) on _____ (date of activity).

We understand that this minor will be traveling in Bridge City approved vehicles driven by Bridge City staff or approved adult volunteers.

Additionally, in case of accident, we consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or specific instructions of any physician the church staff may call. It is understood that in the case of a major accident or illness, every reasonable effort will be made to reach the parent or guardian. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize AXIS and Bridge City Community Church staff or the physician to exercise best judgment as to the requirement of such diagnosis or treatment. This consent shall remain in continuous effect until said minor is released at the close of the event. We hereby authorize any hospital or physician, or any other person who has attended or examined said minor to furnish the Church's insurance company or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Additionally, we do hereby release, forever discharge and agree to hold harmless Bridge City Community church, its staff, volunteers and all its agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by said minor while participating in the above described activity.

Signed: (Parent/Guardian) _____ **Date:** _____
Print name: _____

Medical Insurance Company: _____ **Policy #:** _____

Phone Numbers to reach parent during above event: _____

Special Notes: _____
