

Colonial Baptist Church SEEK Ministry Release Form

Parent's Name: _____

Parent's Address: _____

City: _____ State: _____ Zip: _____

Child #1 Name : _____ Date of Birth: _____

Child #2 Name: _____ Date of Birth: _____

Child #3 Name: _____ Date of Birth: _____

Child #4 Name: _____ Date of Birth: _____

Child #5 Name: _____ Date of Birth: _____

Child #6 Name: _____ Date of Birth: _____

WAIVER OF LIABILITY, DISCLAIMER AND PERMISSION

I, _____, do hereby for myself and for the children listed above, of which I am the parent or legal guardian, acknowledge that participation in certain activities during SEEK may involve risk of physical injury. I further acknowledge that the programs of Colonial Baptist Church and SEEK are primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for Colonial Baptist Church and SEEK accepting my registration and the registration of my children and permitting the voluntary participation of said individuals in its programs, I hereby release, discharge, and hold harmless Colonial Baptist Church and SEEK, its employees, volunteers, administrators, and other representatives from any claims arising out of or relating to any physical injury that may result to me or to my children while participating in a Colonial Baptist Church or SEEK sponsored event, including any physical injury by the negligence of any staff member of Colonial Baptist Church, any leadership or committee member of SEEK, or any group leader or assistant while performing his/her duties during SEEK.

If you have a child or children that requires special medications for life-threatening situations, please read and complete the following:

My child _____, requires/carries special medications for life-threatening situations. **I shall complete the SEEK Medication form which shall be submitted with such child's registration forms.** Medication may be administered to such child in accordance with the instructions therein.

My child _____, requires/carries special medications for life-threatening situations. **I shall complete the SEEK Medication form which shall be submitted with such child's registration forms.** Medication may be administered to such child in accordance with the instructions therein.

Signature

Date