

Midway Macedonia Baptist Church

Field Trip Permission/Liability Release Form for Midway Macedonia Baptist Church

Student's Name _____

Date of Trip: _____ / _____ / _____

Group Taking Trip: Middle School

Trip Location: _____

Trip Purpose: _____

Departure Time: _____ Return Time: _____

I give permission for my child to travel with the group by: Private Auto, Commercial Transportation, or church van/bus.

The undersigned participant (the word "participant" to include the feminine gender as well as the masculine where the context requires or permits) and, if participant is a minor, the legal custodian thereof (the word "custodian" to include either or both natural or adopted parents or any legal guardian). The plural as well as the singular and the feminine gender as well as the masculine where the context requires or permits) hereby consent to the participation of participant in any activity conducted under the sponsorship of Midway Macedonia Baptist Church, Villa Rica, Georgia, and unincorporated association; its agents, servants, and members. In making such consent participant and custodian acknowledge they understand there are risks to both person and property associated with engaging in such activity, and they hereby consent to assume such risk. Participant fully assumes responsibility for any and all medical expenses that may be incurred.

In consideration of granting permission by Midway Macedonia Baptist Church, its agents, servants, and members for the participation in such activity by participant and custom hereby, release and exonerate Midway Macedonia Baptist Church, its agents, servants and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against Midway Macedonia Baptist Church, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant.

Participant and custodian hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver and/or lease provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by Midway Macedonia Baptist Church at its office on 3915 Carrollton-Villa Rica Highway, Villa Rica, Georgia 30180.

Parent or Guardian Signature

Home Phone

Work Phone

Cell Phone

Date