

Activity Consent Form and Approval by Parents or Legal Guardian

First name of participant and middle initial		
Street Address		
City	State	Zip
Birth date (month/day/year)/ Age during activity		
Has approval to participate in:		
(Name of activity)		
From/ to/ (Date) Without restrictions		
Special considerations or restrictions:		
Hold Harmless Age I understand that participation in the activity involves a certain degrand have given consent for myself or my child to participate in the entirely voluntary and requires participants to abide by applicable r Colonial Baptist Church, the activity coordinators, and all employed associated with the activity from any and all claims or liability arising	ree of risk. I have care activity. I understand rules and standards of es, volunteers, related	that participation in the activity is f conduct. I release Trail Life USA, I parties, or other organizations
In case of emergency involving my child, I understand every effort reached, I hereby give my permission to the medical provider select treatment, including hospitalization, anesthesia, surgery, or injectic authorized to disclose to the adult in charge examination findings, medical evaluation of the participant, follow-up and communication determination of the participant's ability to continue in the program	cted by the adult leade ons of medication for n test results, and treatr n with the participant's	er in charge to secure proper ny child. Medical providers are ment provided for purposes of
Participant's signature		Date
Parent/guardian printed name:		
Parent/guardian signature		Date
Area code and telephone number (best contact and emergency contact)	-mail (for use in sharing mα	ore details about the trip or activity)