



ANNUAL LAKE SIDE  
PERMISSION CONSENT AND RELEASE FORM  
9/1/2017-8/31/2018

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent(s) names \_\_\_\_\_

Parent(s) Phone Numbers \_\_\_\_\_

Parent(s) Email \_\_\_\_\_

Student Phone Number \_\_\_\_\_ Student Email \_\_\_\_\_

My child has my permission to participate in the **Lakeside Baptist Church** events for 9/1/17-8/31/18 that are being held at 4280 Jefferson Davis Hwy., Beech Island, SC, 29842, or are held at another location but sponsored by Lakeside Baptist Church. For ministry-sponsored events that are conducted/held off the ministry property, I authorize the staff of Lakeside Baptist Church to transport my child, either in a ministry vehicle, or in a private vehicle driven by a ministry staff or volunteer. If there are any types of activities I do not want my child to be involved in, I have listed them below (ex.: water activities, types of sports, high-risk activities, etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission to have my child treated in case of medical emergency. In the event of a medical emergency and I cannot be reached, I hereby authorize Lakeside Baptist Church staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child. I acknowledge that Lakeside Church does not provide any health insurance covering said student during the activities referred to herein, and I further acknowledge that it is my responsibility to obtain health insurance covering said student. I agree to accept the sole responsibility for the costs of medical care.

I also grant permission Lakeside Baptist Church, its representatives, contractors, employees and volunteers acting on behalf of the ministry, to take and/or use, copyright, publish, edit, crop or treat images or likenesses of me or my child(ren), including photographs, videos or otherwise, for any lawful use on the ministry’s website, social media pages, blogs, or in other official ministry printed or electronic publications without further consideration. I understand that this consent and release will operate in full force and effect until 8/31/2017, or UNTIL SUCH TIME AS I WITHDRAW MY CONSENT IN WRITING. I understand that

should photographs or videos of me or my child(ren) be used on Lakeside Baptist Church owned or operated websites or webpages, they may be available for download.

***I understand and hereby agree to assume all of the risks which may be encountered at the activities sponsored by Lakeside Baptist Church that my child will be attending pursuant to this consent and release form, including transportation to and from said events.*** In consideration of my child being permitted to participate in the event(s) described above and other valuable considerations the receipt of which is acknowledged, I hereby agree to release, defend, indemnify, and hold harmless Lakeside Baptist Church and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, and damages (including without limitation, interest, penalties, court costs, attorney's fees and expenses) resulting from or on account of injury to myself or my property in connection with any event anticipated by this form. I further release any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of SC and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

***I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.***

Parent signature \_\_\_\_\_ Relationship to child (mom/dad) \_\_\_\_\_

#### MEDICAL/INSURANCE INFORMATION

Please fill in all information. Write "none" where needed.

Primary emergency contact person & phone \_\_\_\_\_

Alternative emergency contact person & phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_

Insurance policy number \_\_\_\_\_

Known allergies & type of reaction \_\_\_\_\_

Chronic illnesses/medications \_\_\_\_\_