

Calvary Baptist Church

1625 Capital Avenue, N.E.

Battle Creek, MI 49017

Student Ministry Release Form

I, _____ as parent / legal guardian of (teen's name) _____ have reviewed the information about the (name of activity) _____ and give my permission for the subject of this release to be involved in the overall activity. I have reviewed the rules and agree that the subject of this release will abide by them.

I understand all reasonable safety precautions will be taken at all times by Calvary Baptist Church Youth Ministry during this event. I understand the possibility of unforeseen hazards and know the inherent possibility of risk and agree not to hold Calvary Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I also give my consent for emergency medical and surgical treatment to be administered to this minor by licensed hospital and medical professionals in the event such treatment becomes necessary.

Parent / Guardian Signature:

Date: _____

Parent Contact Number: _____

Emergency Contact Name: _____

Number: _____

Insurance Provider: _____

Policy Number: _____

Allergies, medications, health or other concerns to be aware of:

***Please submit completed release forms to Pastor John or the church office**