

**PLEASANT GROVE BAPTIST CHURCH
PARENTAL CONSENT FORM**

I, _____, Phone # _____,
Address: _____ City _____, State _____ Zip Code _____

(defined collectively herein as "youth"):

Youth's Name _____ Sex ___ Age ___ Date of Birth _____

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Pursuant to NC General Statute Chapter 32A, Article 4, I authorize Chad Whitley, Minister of Youth, Pleasant Grove Baptist Church, an adult in whose care my above named youth has been entrusted in connection with the Pleasant Grove Youth Programs, Family Life Ministries activities and trips, or such other adult Pleasant Grove Baptist Church volunteer (defined collectively herein as Adult Supervisors), to do any acts which may be necessary or proper (I) to provide for the health care of my minor youth, including, but not limited to, the power to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, x-ray examination, performance of operations, and other procedures by physicians, dentist, and other medical personnel except the withholding or withdrawal of life sustaining procedures. I also agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury. I have the understanding and capacity to communicate health care decisions related to my youth.

Insurance Company _____ Policy ID # _____

In return for my Youth being permitted to take part in the activities and to use the facilities related to the Youth, Education, and Family Life Activities, each of us makes the following promises and warrants the truth of the following facts:

I am familiar with the Youth, Education, and Family Life Activities, and I understand the Adult Supervisors are available to discuss the Youth and Family Life Activities if I should wish additional information from time to time. My youth is in good health and I know of no reason why he/she would be incapable of participating in any of the Youth, Education, and Family Life Activities. My child knows how to swim. I will immediately notify the Minister of Youth, or other adult Youth leaders if a change in my Youth's health or other condition would affect my youth's ability to participate in any water related Youth Activity. Except as may be administered by a health care professional pursuant to the above granted authority, I understand that the Adult supervisor cannot administer any prescription or non-prescription medication, including over-the-counter medicines to my Youth. My Youth will bring any medication he or she needs while attending youth activities and will assume responsibility for taking it. My youth is allergic to the following foods, medications or insects:

1. _____
2. _____
3. _____

I AGREE THAT THE ADULT SUPERVISORS will have no responsibility for the supervision of my Youth at times other than during scheduled activities. I will inform my Youth that he or she is expected to cooperate with and follow the directions of, the persons in charge of activities and to act in a manner consistent with the spirit of good sportsmanship and love and respect for others. In the event that my Youth does not obey the rules and is no longer to participate in an activity, I, the parent/guardian, will be responsible for transportation of the Youth from the event to their home. I will also be responsible for the cost of such transportation.

I, _____, (youth name(s) agree to act in a manner described above.)

WAIVER OF LIABILITY AND ASSUMPTION OF RISK: I waive and release any right, I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make claim against, sue, attack the property of, or prosecute the Adult Supervisors, their designees, Pleasant Grove Baptist Church, the owners of the properties and facilities where any Youth, Education, and Family Life Activities event is to take place, agents, instructors and affiliated organizations (herein referred to as the “releases”) for monetary damages caused by the injury to my Youth or damage to the property of my Youth or myself arising from my Youth’s participation in the Youth, Education, and Family Life Activities and use of the facilities and property of the releases. **I am aware that the activities may involve travel in church and private vehicles and may involve a watercraft in potentially hazardous conditions which may include, among other things, the dangers inherent in providing community and social services in areas at home and abroad, dangers of drowning, collision with or among vehicles, watercraft or stationary objects; the dangers arising from equipment failure or hazards related to team sports, team building, swimming, social and community services, water and recreational activities, inadequate safety equipment. MY YOUTH’S OWN NEGLIGENCE, weather conditions; and the possibility of serious physical and/or mental trauma or injury. With knowledge of the dangers involved, I voluntarily ask that my Youth be allowed to take part in the Youth, Education, and Family Life activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY YOUTH OF INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE RELEASEES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OR ANY OF THE RELEASEES.** (Please initial to indicate that you have read this paragraph. ___)

INDEMNITY AGREEMENT: I agree to indemnify and hold the releaseses harmless from any loss, liability, damage or cost including reasonable attorney’s fees that they may incur due to my Youth’s participation in the activities. (Please initial to indicate that you have read this paragraph. ___)

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

Custodial Parent/Guardian Signature _____

Emergency Contacts: Name: _____ **Phone #** _____ **Cell #** _____

Secondary Contact: Name: _____ **Phone #** _____ **Cell #** _____