

**WHITE BLUFF CHAPEL (WBC)
PERMISSION AND RELEASE FORM**

Child's Information

First Name _____ Last Name _____ M / F
Date of Birth _____ Child's Age _____ Child's Current Grade _____
Address: _____
City: _____ State: _____ Zip Code: _____
Child's Allergies or Medical Conditions: _____
Child's Food Allergies: _____
Child's Physician _____ Phone: _____
Medical Insurance Company _____ Phone # _____
Policy # _____ Group # _____
Child has church or Sunday School (other than White Bluff Chapel) experience: Yes / No
Child has been baptized: Yes/No If yes, at what age _____

Parent or Guardian Information

Dad's First Name _____ Dad's Last Name _____
Marital Status (circle): Married, Single, Divorced, Widow Attending White Bluff Chapel? Yes / No
Mom's First Name _____ Mom's Last Name _____
Marital Status (circle): Married, Single, Divorced, Widow Attending White Bluff Chapel? Yes / No
If either parent's or guardian's address differs from the child's address or there are more than one address for the family, please list them on the back of this form.
Phones: Home: _____ Cell: _____
Primary Email _____ Secondary Email _____

Persons with permission to pick up your child from WBC Children's Programs:

Name: _____ **Relationship to child** _____ **Phone:** _____
Name: _____ **Relationship to child** _____ **Phone:** _____

(Continue list on back of this page.)

IN CONSIDERATION OF the Child named above being permitted to participate in **White Bluff Chapel Children's Programs**, I, the undersigned, parent or legal guardian of the Child on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Certify that I am cognizant of the inherent dangers associated with participation in the above activity and that participation in the activity may take place inside the WB Chapel building and outside on the WBC grounds. My child may be transported and participate in mission activities and field trips away from WBC grounds.
2. Understand and agree that neither WHITE BLUFF CHAPEL, its trustees, staff, representatives, volunteer workers or other agents may be held liable in any way for any occurrence in connection with my child's participation in the above activity which may result in injury, harm or other damages to me or my family, including but not limited to any claims resulting from their negligence.
3. Consent to any of the staff, employees, agents and representatives of WBC administering or consenting to the administration of such emergency medical care to the Child as such person(s) deems appropriate in the circumstances. I further agree that I am financially responsible for any and all ambulance, emergency room and/ or hospitalization deemed necessary for my child.
4. Give permission for WBC to use pictures or videos of my child taken during and in connection with this activity. These may be used on the WBC web site, in communication documents and during services.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

I have executed this affirmation and release on the _____ day of _____, 20_____

Signature: _____

Name of Parent or Guardian: _____(please print)