

KENWOOD BAPTIST CHURCH
Children and Student Ministries Activities
CONSENT AND RELEASE FORM

I, _____, **Parent / Legal Guardian** (*Circle One*) of _____, do hereby give my permission for the above named Child / Youth to attend to any of the Kenwood Baptist Church sponsored Children or Student Ministries Activities held on the church grounds or in the State of Ohio and/or within twenty-five (25) miles of the church property.

This Consent is valid from September 1, 2009 to August 31, 2010

By signing this form I am also (please initial):

Giving Permission:

- _____ • For Denise Franke, Jeremy Taylor and/or any other adult representative of Kenwood Baptist Church (8341 Kenwood Road; Cincinnati, OH 45236, (513) 791-0355) to seek and obtain emergency medical care for the above named child / youth, in the event of a medical emergency in which I, or one of those other persons listed below, cannot be reached;
- _____ • For the above named child / youth, when necessary for transportation to and/or from an activity, to ride in one of the church vans of Kenwood Baptist Church (8341 Kenwood Road; Cincinnati, OH 45236, (513) 791-0355) or the private automobile of Denise Franke, Jeremy Taylor and/or any other adult representative of Kenwood Baptist Church;
- _____ • Giving permission for any photographs taken of my child / youth at any of these activities to be used on the Kenwood Baptist Church website (<http://www.kenwoodbaptist.org>) and/or in promotional literature.

Acknowledging and Releasing:

- _____ • I understand that participation in these activities, as with any activity, involves a certain degree of risk that could result in injury or loss or damage to person or property. After carefully considering the risk involved in these activities, and in view of the fact that Kenwood Baptist Church is a not-for-profit organization, **I hereby release, hold-harmless, and waive all claims** associated with these activities, which I may have against Kenwood Baptist Church, its employees, volunteers and/or members.

In the event of an emergency, the following people can be contacted:

Name Parent / Legal Guardian Phone Number(s)
(Circle One)

Name (List Relation to Child/Youth) Phone Number(s)

Please list any medicine allergies, food allergies or special needs concerning the above named child / youth. _____

PLEASE HAVE THE SIGNATURE WITNESSED BY A NOTARY

This Consent is valid from September 1, 2009 to August 31, 2010.

Signature of Parent / Legal Guardian

Date Signed

STATE OF OHIO

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COUNTY OF _____

On the _____ day of _____, 200____, before me personally appeared _____ to me known to be the person named herein and who executed the foregoing release and acknowledged to me that he / she voluntarily executed the same.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC, A RESIDENT OF

_____ COUNTY, OHIO