Glasgow Baptist Church
Parental Consent and Liability Release Form

PARTICIPANT'S NAME_____AGE_____ BIRTH DATE_____

FULL ADDRESS_____

CELL PHONE_____ SCHOOL_____ GRADE_____

PARENT(S)/GUARDIAN NAME(S)_____

CELL PHONE(S)_____/_____

TO WHOM IT MAY CONCERN:
The undersigned do(es) hereby give permission for our (my) son/daughter:

This Form stays in effect for the 2026 Calendar Year.

_____
("Participant"), to attend and participate in **STUDENT MINISTRY EVENTS** sponsored by **Glasgow Baptist Church**.

LIABILITY RELEASE: In consideration of **Glasgow Baptist Church** allowing the Participant to participate in Student Ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Glasgow Baptist Church**, its directors, employees, volunteers and agents (collectively herein the "Church") from all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the student activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in student ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission are hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to the aforementioned student pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) son/daughter to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) son/daughter to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Glasgow Baptist Church. My son/daughter and I understand that **SEAT BELTS SHALL BE WORN AT ALL TIMES** during transportation.

Medical Insurance: YES_____ NO_____ Insurance Company:_____

Policy/Group ID#: _____

Allergies or Medical Conditions: (Can also use the back of this sheet)_____

Parent/Guardian Signature: _____ Date_____

Notary Signature: _____ Notary Signature Date: _____