

theSWITCH Parent Consent Form and Liability Release

Name of Student: _____

In consideration for being accepted by Fellowship Bible Church for participation in the **Journey to Judea on Dec. 2, 2018**, I, for myself (and for and on behalf of my child-participant) do hereby release, forever discharge and agree to hold harmless Fellowship Bible Church and the directors thereof from any and all liability, claims or demands for 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 child-participant that occur while said child is participating in the above listed trip or activity.

Furthermore, I, and on behalf of my child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to Fellowship Bible Church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify Fellowship Bible Church, its directors, employees and agents, for any liability sustained by Fellowship Bible Church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I authorize an adult, in whose care the minor has been entrusted, to consent to any 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, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I acknowledge that I have carefully reviewed and consent to the waiver set forth above.

Parent/Guardian Name (print)

Phone Number

Parent/Guardian Signature

Date

