

**Wilkesboro Baptist Youth Ministries Permission Release**

**Date: Youth Activities from September 2008 – August 2009**

**Student(s) Name:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Release of Liability**

**I AGREE TO ALLOW VOLUNTEERS AND STAFF OF WILKESBORO BAPTIST CHURCH IN WILKESBORO, NC TO SEEK NECESSARY MEDICAL TREATMENT FOR MY MINOR IN THE EVENT OF AN EMERGENCY. I HEARBY RELEASE WILKESBORO BAPTIST STAFF, MEMBERSHIP, AND THE CORPORATION FROM ANY LIABILITY FOR INJURY THAT MY MINOR MAY INCUR ON ANY YOUTH TRIP/ACTIVITY BETWEEN SEPTEMBER 2008 AND AUGUST 2009.**

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_

**Note: Please list any important medical information, such as Medications, Allergies, Food Restrictions, etc, on the back of this sheet.**