

Consent to Travel

Rentz Baptist Church
1011 Bates Ave
Rentz, GA 31075
478-984-4657

I hereby give my consent for _____

To travel to and participate in: _____

This outgoing is sponsored by **Rentz Baptist Church**.

By giving consent, I hereby release **Rentz Baptist Church** from any liability.

Date and time leaving: _____

Date and approximate time returning: _____

I also give my consent to the Youth Pastor or properly appointed volunteer member to administer or secure any emergency medical treatment for the above-named child.

Signature of Parent/guardian: _____ Date: _____

Phone number(s) where parent or guardian can be reached:

2020 Medical Information and Release

Rentz Baptist Church
1011 Bates Ave.
Rentz, GA 31075
478-984-4657

Event Leader/Coordinator: Samuel Dingler

Leader's Phone: 706-621-9915

**This form covers Rentz Baptist Church's Student Ministry Trip to
Summer Retreat Scheduled for July 26-30, 2020**

Participant Information

(To be completed by participant or an authorized guardian if a minor)

Name of participant: _____

Address: _____

Telephone: _____

Name of emergency contact: _____

Telephone: _____

Is sponsor authorized to approve medical treatment?

Yes _____ No _____

Is participant covered by personal/family medical insurance?

Yes____ No ____

If yes, name of insurer: _____

Policy or group number: _____

Please attach a copy of participant's insurance card to this form.

Allergy List

Please list any food, medical, or other allergies your child may have:

Other Notes

Please note anything else we might need to know about your child when taking him or her on a trip.

Medication list

Please list any medications the participate takes on a regular basis and when these need to be taken. (Also include over the counter medications the participate may take as necessary.)

Participation Agreement

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury and illness (including exposure to COVID-19) associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If dispute over this agreement or claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ **Date:** _____

NOTARY FORM

STATE OF _____)

COUNTY OF _____)

I, _____, a Notary Public, do hereby certify that on this ____ day of _____, 20__, personally appeared before me _____, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Public, State of _____

Name, Typed or Printed: _____

My Commission Expires: _____