

**PLEASE RETURN TO TRUDY WATSON- SCHOOL FOR THE DEAF**

**Bus consent and Release Form for Church Activity**

Undersigned parent(s), the guardian(s), or I hereby consent to my son/daughter, \_\_\_\_\_ who is \_\_\_\_\_ years old, to participate in the Church activities on Wednesday nights at Grace Baptist Church. Transportation will consist of the Grace Baptist Church bus, which will leave SCSDB about 5:30pm and return to SCSDB about 8:30pm. My son/daughter is able to participate in any and all of the scheduled activities for the Church Club. If my son/daughter has any medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by officials, I hereby authorize the attending Residential Advisors to make emergency medical decisions for my son/daughter. If there are any activities that I do not want my son/daughter to be involved in, I have listed them below.

I UNDERSTAND, AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Grace Baptist Church and its agents, employees and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including but not limited to, any injury to my child or property, even injury resulting in death.

I, expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of South Carolina and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I, further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THAT CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Medical conditions \_\_\_\_\_ Physical restrictions \_\_\_\_\_

Current Medications \_\_\_\_\_

\*Food Allergies \_\_\_\_\_ Medical Allergies \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Parent or Guardian

Telephone numbers where I may be reached in an emergency. Home \_\_\_\_\_ Cell \_\_\_\_\_