

**BEREAN BIBLE CHURCH STUDENT MINISTRY**  
**CONSENT AND WAIVER OF LIABILITY AND DAMAGES**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Other # \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_

I, \_\_\_\_\_, am the parent, custodial parent or legal guardian of the above named child/children. I understand that Berean Bible Church, Inc. (hereinafter "BBC"), as part of its ministries to children, plans the following event:

**NAME OF EVENT:**        YOUTH ALIVE - SPRING RETREAT  
**LOCATION OF EVENT:**   CAMP TA-PA-WIN-GO, WATAUGA, TN 37694  
**DATE OF EVENT:**       30 SEPTEMBER – 02 OCTOBER 2011

I understand that, as with any such activity, there is some risk of injury to my child/children and that BBC does not wish to be financially liable should injuries occur. I consent voluntarily and willingly and ask that BBC include my child/children in the events planned as part of this activity. I also consent to my child/children being transported for these purposes.

I release BBC from any and all liability they might otherwise have had to me or to my child/children and will not sue BBC, its employees, staff, agents, members, attendees, boards, and other individuals who might provide transportation and support for these events. I waive any right I might otherwise have had to claim damages against the above arising out of these events. I will indemnify and hold harmless these parties if suit is filed by or on behalf of my child. I am not releasing parties other than the above from liability. Further, I agree to indemnify and hold harmless BBC should a claim be made against BBC due to the fault of the above named child/children.

Further, I authorize the holder of this document to procure on my behalf emergency care to my child to include first aid, medication, x-rays, surgery, or other procedures medically necessary in my absence.

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_