

**Medical Consent and
Liability Release Form**

Activity: _____
Date(s): _____

(Please fill out a separate form for each participating child. Photocopies are acceptable)

Name of Child _____

Address _____

Age _____ Sex _____ Grade _____
Parent/Guardian Name(s) _____

Address of Parent(s)/Guardian(s) _____

Phone Number of Parent(s)/Guardian(s) _____

The undersigned parent(s)/guardian(s) of the above minor-age child hereby give consent to Treasure Valley Baptist Church, Inc. (TVBC), and its agents, volunteers, and employees, etc., to act on my/our behalf in obtaining any medical treatment or care of any nature for said child and I/we authorize any medical person or entity to rely on this authorization. I/we release TVBC, and its agents, volunteers, and employees, etc., from any liability of any nature whatsoever relating to the above activity. This release is full, complete, and absolute, except to the extent limited by Idaho law. I/we understand that this release and authorization is an absolute prerequisite to my/our child participating in this special activity and that it is retroactive to the first such participation even if signed later.

I/we give permission to have my/our child participate in all activities connected with this special activity until this permission is revoked in writing and actually delivered to TVBC.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date of Signing _____
_____ day of _____, 200_____

THIS IS A LEGAL FORM. BE SURE TO READ AND UNDERSTAND THIS FORM BEFORE SIGNING IT.