



A ministry of...
Ewell Bible Baptist Church
64 Susie Street Ozark, AL 36360
334.774.4127

PARENTAL / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

I, _____ (print parent's name) grant permission for my child/ren
_____ (print names)

to participate in the **Red Eye All-Nighter** on **October 7-8, 2011**.

I will not hold Ewell Bible Baptist Church, chaperones, or volunteers associated with this gathering responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of necessary emergency medical treatment. I will not hold Ewell Bible Baptist Church or their representative responsible for any injury incurred on the trip to and from this gathering. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In the event of emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to treatment by the hospital or doctor.

In event of an emergency contact:

Parent/Guardian (Print) _____

Emergency Phone / Cell # _____

Please list any special medical conditions and/or allergies of your son / daughter:

Parent/Guardian Signature:

_____ Date: _____