



WAIVER & RELEASE FORM

Participant's Name _____
Address _____ City/State/Zip _____
Phone (____) _____ Date of Birth _____ Age _____
Participant's Email Address _____
Event Name (ex. day camp, VBS, etc.) _____

Parent/Guardian Name(s) _____
(H) Phone (____) _____ (W) Phone (____) _____ (C) Phone (____) _____
Parent/Guardian's Email Address _____

Emergency Contact _____
Relation to Participant _____
(H) Phone (____) _____ (W) Phone (____) _____ (C) Phone (____) _____

GENERAL RULES FOR EVENTS

All participants are expected to behave in a manner that best represents Thomas Road Baptist Church ("Thomas Road" or the "Church"). As such, certain items and/or activities will not be tolerated and any person caught in violation of these rules will be sent home at their own expense and will not be given a refund. These items and/or activities include, but are not limited to:

- 1. Possession or use of alcohol, tobacco products, or illegal/illicit drugs of any kind;
- 2. Any immoral sexual behavior;
- 3. Verbal or physical abuse;
- 4. Any other rules established by Thomas Road Baptist Church staff or event organizer involved.

MEDICAL INFORMATION

Is participant covered by personal/family medical insurance? Yes [] No []

List medical conditions (ex. asthma, diabetes, etc.) _____

List medication/supplement currently being taken including dosage, frequency, and any special instructions (Please provide all medications in the original prescription or over-the-counter container with his/her name clearly written on it)

List allergies _____

Permission for Medical Treatment, Photograph/Video, and Release and Indemnity

I am confident that the adult leaders and sponsors will take appropriate care of my child and every effort will be made for his/her safety. However, I understand that accidents do occur, and in the event of an emergency, every effort will be made to contact me. In the event of an emergency, I hereby grant permission to a representative of the Event organizer, staff member, or adult present, as agent for me, to obtain necessary medical attention in case of sickness or injury to my child as provided by the loco parentis clause of Virginia Code 54.1-2969, to give consent for any X-ray examination; medical, dental, or surgical diagnosis; emergency medical or surgical treatment; and hospital care for my child advised and supervised by a licensed physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I also agree to reimburse any expenses not covered by the Church's insurance.

I, the undersigned parent/guardian of said child, do hereby release, acquit, discharge, and covenant to hold harmless and indemnify Thomas Road or affiliate for any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present, or future arising out of any accident or sickness, or treatment thereof, by me or my child while participating in any Thomas Road Baptist Church or affiliate program, event, or activity.

I, the undersigned parent/guardian of said child, do hereby waive and release, indemnify, hold harmless and forever discharge Thomas Road Baptist Church and any affiliate, camp, or Event host organizations and their agents, employees, and volunteers from any and all claims, expenses, demands, actions or causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or in equity, that I ever had or may have, arising from, out of, or in any way related to my participation and/or the participation of my child in any events, transportation to and from, and/or any other activities related to Thomas Road Baptist Church, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct.

I understand that as a participant, my child or I may be photographed or videotaped during normal ministry or event activities and these photos/videos may be used in promotional materials. I hereby grant Thomas Road permission to use my and/or my child's name and to use, copy, or modify such images or recordings without restriction and release the photographer and Thomas Road from all claims and liability relating to these images and recordings.

I have read, understood, and fully agree to the above and hereby verify that the above information is true and accurate to the best of my knowledge. Parent/Guardian agrees to provide transportation for child if he/she is found in violation of any of the General Rules.

Signature _____ Date _____

If Participant is a minor:

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____