

PARENTAL PERMISSION FORM

HOLD HARMLESS AGREEMENT & AUTHORIZATION FOR MEDICAL TREATMENT

{For All Participants under 18 years of age}

I hereby give permission for my child(ren) _____
to participate in the following trip/event: Youth Ministries (hereinafter the "Event") on the following date(s): 9/1/23-8/31-24,
sponsored by the Berean Baptist Church of Brunswick, Maine (hereinafter the "Church") and to participate in all activities in
connection with the Event, except those listed below (if any).

In consideration of the Church's allowing my child to participate in this Event, I hereby agree to hold the Church, its pastors,
deacons, trustees, staff, employees and volunteers (hereinafter collectively referred to as the "Sponsors") harmless from any
personal liability to me or to my child, or to any other person or entity, as a result of any personal injury to my child while
participating in this Event, including while traveling to and from all destinations, even if caused by Sponsors' negligence.
However, I do not agree to hold the Sponsors harmless to the extent of any liability insurance that they have to cover my
child's injuries and damages.

Please Check only ONE box Below

I hereby give Berean Baptist Church permission to use my child's picture, taken at a Club (Youth Program) or this
Event, to post on their website: www.thebereans.org, or their Facebook pages. I understand that the purpose of the
website, and Facebook is to promote and inform others about Berean Baptist Church's ministries, and that
pictures posted on teh website are used in conjunction for that purpose.

I give my child permission to participate in this Event or Club, but ***DO NOT*** give permission for their picture to
be posted on the church's website or Facebook pages.

Additional Information

My Child has the following medical condition(s): _____

Physical Restriction(s): _____

Date of Last Tetanus or Booster: _____

Allergies: _____

I ***DO NOT*** wish my child to participate in the following: _____

Primary Medical Insurance: _____

Group Number: _____

ID#: _____

Secondary Medical Insurance: _____

Group Number: _____

ID#: _____

**I hereby authorize and give my Power of Attorney to each of the adult Sponsors to obtain medical treatment for my
child, if necessary, while participating in this Event. I certify that I have carefully read and understand everything
stated in this document. I sign this document as my own free act and deed.**

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

This form is editable & fillable on a browser that is compatible with Adobe Acrobat Reader/Viewer.

You can type all info and then email to: paula@thebereans.org

If you prefer to print out and fill it in by hand, then

PLEASE PRINT/Write CLEARLY.