

**WEST HILL BAPTIST CHURCH
2241 MECHANICSBURG ROAD
WOOSTER, OH 44691
WAIVER, RELEASE, AND INDEMNIFICATION**

**PARENTAL WAIVER AND RELEASE, ON BEHALF OF THEMSELVES AND
THEIR MINOR CHILD, OF ANY AND ALL LIABILITY AND/OR
NEGLIGENCE CLAIMS AGAINST WEST HILL BAPTIST CHURCH, NO
MATTER THE LEGAL THEORY**

All parents/guardians must sign in order for child to participate.

I/We _____ and _____, am/are the parent(s) and/or guardian(s) of _____, a minor child.

I/We desire that my/our minor child participate in the following activity (list activity, date(s), and sponsor, if applicable):

2012 All-Nighter: All Activities at West Hill Baptist Church, Acres of Fun, Wooster High School Gault Center. (Basketball, Volleyball, Dodgeball, Video games, Inflatables, Roller skating, Laser tag, etc)

WAIVER AND RELEASE: I/We understand that West Hill Baptist Church is a non-profit organization and that it is not profiting from the activity listed above. I/We further understand that there are risks and hazards involved in participating in, and transportation to and from, the activity listed above. I/We have carefully considered the risks and benefits of my/our child participating in said activity, and hereby agree to waive and release all potential claims against West Hill Baptist Church (including its employees, directors, officers, agents, and/or chaperones) for any liability and/or negligence claims that could be asserted against it as a result of injury or death to my/our minor child. Such claims include, but are not limited to, claims related to injuries and/or death incurred during transportation to and from the activity; the selection of an activity or camp, activity or camp site, or activity or camp group; and injuries and/or death occurring at or incident to the activity listed above. Further, I/we understand that West Hill Baptist Church is being released for all potential claims of my/our minor child, and any claims I/we may have for the loss of consortium of my/our minor child.

INDEMNIFICATION: I/we agree to indemnify and hold the Church harmless from any and all costs and damages, including medical expenses and attorney's fees, as a result of the assertion of any claim referenced herein.

Signature of Parent/Guardian

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Printed Name of Parent/Guardian

Street Address

Street Address

City, State and Zip

City, State and Zip

Phone Number

Phone Number

Date (must be dated)

Date (must be dated)

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MEDICAL TREATMENT CONSENT FORM FOR MINORS

To Whom It May Concern:

I, the undersigned parent/guardian of _____ (child's name) do hereby authorize the adult sponsor of the West Hill Baptist Church or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical care is to include, but not be limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the State Medical Board of Ohio, and to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his better judgement may redeem advisable. This authorization shall include transportation to receive medical or dental care.

The authorization will remain in effect until the end of the calendar year while the minor above is enroute to or from or involved or participating in any program or activity authorized by the West Hill Baptist Church unless revoked by the undersigned in writing and delivered to the agent of the West Hill Baptist Church.

Date: _____

Special Health Instructions:

Signature: _____

Relationship: _____

Address: _____

City/State: _____

Phone Number: _____

Medical Insurance Co. _____

Group Cert. Or I.D. #: _____

Witness: _____