

MEDICAL CONSENT AND LIABILITY RELEASE FORM
TREASURE VALLEY BAPTIST CHURCH, INC.
1300 South Teare Avenue, Meridian, Idaho 83642 Telephone: (208) 888-4545

Name of Ministry/Activity: 2022 Senior High Summer Camp July 30, 2022- August 4, 2022

Full legal name of child: _____

Address: _____

City: _____ State: _____ Zip: _____ Age: _____ Date of birth: _____

Parent/Guardian name(s): _____

Address of Parent/Guardian(s): _____

Contact Phone number(s): _____

Emergency Contact if Parent/Guardian(s) cannot be reached:

Name: _____ Phone number(s): _____

Child medical conditions and allergies, including to medications: _____

Current medications: _____

I/We as parent(s)/guardian(s) of the above minor child hereby give consent to Treasure Valley Baptist Church, Inc. ("TVBC"), and any of its agents or volunteers or employees, to act on our behalf in obtaining any medical treatment or care of any nature for said child. I/We authorize any medical provider to rely on this authorization. I/We agree to be solely liable and responsible for payment of the costs of such treatment or care. I/We release TVBC, and its agents, volunteers, and employees, from any liability of any nature whatsoever relating to the above ministry. 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 ministry 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 ministry until this permission is revoked in a writing actually delivered to TVBC.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date of signing: _____

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