



Youth EDGE Waiver

I, (parent/ legal guardian) \_\_\_\_\_, hereby grant consent for \_\_\_\_\_ to attend trips and other scheduled supervised on site and off-site program activities as part of Colonial Hills Baptist Church's programs.

I understand that the trips and activities will be to various venues from June 2017-June 2018.

I understand that supervision will be provided by Colonial Hills Baptist Church's staff and/or volunteers.

I further grant consent for Colonial Hills Baptist Church to arrange to transport the above named child in agency approved transport or by any commercial carrier to all field trips and scheduled off site program activities.

By signing this consent, I agree to hold Colonial Hills Baptist Church and its agents, staff, employees, officers and trustees harmless from any liability or claim arising out of, or related to, the above named child's participation in the program and activities.

In the event of a medical emergency, if the staff of Colonial Hills Baptist Church is unable to reach me or the emergency contact listed below, I hereby give consent for Colonial Hills Baptist Church to seek, authorize and obtain medical treatment for the above named child.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number (s): \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Area Code & Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_