

WESTERN SPRINGS BAPTIST CHURCH

Permission / Release Form September 2019 – September 2020

STATE OF ILLINOIS

COUNTY OF COOK & DUPAGE

and permission to attend and participate in any and all trips, activities and events sponsored by Western Springs Baptist Church.

In the event of an accident or sudden illness, I do herby hold harmless and release Western Springs Baptist Church and any of its officers, members, or leaders from any liability arising from any injuries that my child might receive while participating in an event or activity under sponsorship of Western Springs Baptist Church. I authorize Western Springs Baptist Church or any of its officers, members, or leaders to admit my child to any hospital or other medical facility and further authorize them to consent to any emergency medical treatment needed by my child.

For Parents – Legal Guardian

Please fill out the following information to complete the Permission Release Form for the activities on the opposite side.

Parent's Name	
Address	
	_ (work/mobile)
Name of Insurance Company	
Policy #	Group #
Approx. date of last Tetanus	
Allergies	
Other Medical Conditions	
Signed	
Parent – Legal Guardian	Date

For Youth

I understand that while on any villageLife Youth (MSM or HSM) trip, activity or event, I am a representative of Western Springs Baptist Church and more importantly Jesus Christ. I will conduct myself in such a way that will not harm the reputation of Jesus Christ or the testimony of WSBC and this Youth Ministry.

Signed ______ Youth Date