

**Colonial Baptist Church
SEEK Ministry Release Form**

Participant's Name _____

Parents Name _____

Participant's Birthdate _____

Parents Address _____

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or legal guardian of _____, acknowledge that participation in certain activities during SEEK may involve risk of physical injury. I further acknowledge that the programs of Colonial Baptist Church and SEEK are primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Colonial Baptist Church and SEEK, its employees, volunteers, administrators, and other representatives from any claims arising out of or relating to any physical injury that may result to _____ while participating in a Colonial Baptist Church or SEEK sponsored event, including any physical injury by the negligence of any peer, or group leader or assistant while performing his/her duties during SEEK.

___ **This child requires/carries special medication for life threatening situations.**

___ **Medication may be administered to this child if needed.**

Signature of Parent or Guardian

Date