

**SOUTHWEST HILLS BAPTIST CHURCH**

**9100 SW 135<sup>TH</sup> AVENUE  
BEAVERTON, OR 97008-7570  
503-524-8686**

**PARENTAL CONSENT, RELEASE & MEDICAL AUTHORIZATION**

CHILD: \_\_\_\_\_ GRADE \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGIES/CHRONIC CONDITIONS/ MEDICATIONS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Home PH: \_\_\_\_\_ Cell: \_\_\_\_\_

HEALTH INSURANCE CARRIER: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_ POLICY/GROUP #: \_\_\_\_\_

I/WE, \_\_\_\_\_, are the \_\_\_\_\_ parent(s) and/or \_\_\_\_\_ legal guardian(s) of the above-named child, and I/we hereby warrant our legal authority to provide consent herein. Based on said authority, we hereby authorize said child to participate in the event(s) described below and to travel with the adult staff/volunteer/other (s) named below in connection with his/her participation in such event(s) during the dates indicated:

I/We hereby further release, indemnify and hold harmless SOUTHWEST HILLS BAPTIST CHURCH of Beaverton, Oregon, together with its staff, employees, authorized representatives and named volunteers of and from any and all liability for injuries, claims, demands or damages, known and unknown, whether for physical or mental injury or illness or property damage, that may result from the participation of my child in the event(s) listed above, or travel to or from said event(s), during the dates indicated, EXCEPT for conduct of said persons that is willful, wanton or grossly negligent.

In the event of an injury, damage or other medical emergency involving my/our child, I/we hereby authorize the above-named leader(s) to consent to administration of emergency care and treatment, x-ray examination, diagnosis and/or hospitalization for my/our child; **PROVIDED, HOWEVER**, that such emergency care is, in the professional judgment of a duly licensed physician, surgeon, nurse, EMT or dental professional, reasonably necessary to avoid life-threatening or irreparable injury, harm or damage. **OTHERWISE**, it is hereby agreed and understood that said group leader(s) shall be authorized to consent to such emergency care and treatment, x-ray examination, diagnosis and/or hospitalization only after making reasonable efforts to contact me/us by telephone or otherwise so as to allow me/us to consent directly to such emergency treatment as the parent(s) and/or legal guardian(s) of said child. In the event the subject activity is being conducted at a remote location where access to medical care and treatment is not readily available, I/we understand and accept the risks and delays inherent to and associated with obtaining medical care and treatment in such remote locations.

Subject to the foregoing, I/we further understand and agree that I/we and our insurance carrier, if any, assume full responsibility for payment of any and all reasonable and necessary costs and expenses related to such emergency treatment and hereby indemnify and hold harmless SOUTHWEST HILLS BAPTIST CHURCH of Beaverton, Oregon, together with its staff, employees, authorized representatives and other event participants, from any liability for such costs and expenses. I/We further understand that if, in the reasonable judgment of the event leader(s), it is necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.

We understand that SOUTHWEST HILLS BAPTIST CHURCH believes that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8.) Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically-based mediation and, if necessary, legally binding arbitration, in accordance with the Rules of Procedure of Peacemaker Ministries of Billings, Montana.

I/We have read and understood this form in its entirety, and I/We have signed the same voluntarily and not under duress or other compulsion. I/we further represent that the information provided herein is true, complete and accurate to the best of my/our knowledge and belief.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date