

CEDAR SHOALS BAPTIST CHURCH

RELEASE AND MEDICAL AUTHORIZATION

I, the undersigned, am the parent/legal guardian of _____
whose date of birth is _____, and am, therefore, qualified to grant this
Release and Medical Authorization for said child.

I do hereby give my permission for the above named child to participate in any
trips or activities sponsored by Cedar Shoals Baptist Church of Belton, South Carolina, Inc.
effective:

JANUARY 1, 2015 THRU DECEMBER 31, 2015

I do hereby agree to release Cedar Shoals Baptist Church of Belton, South Carolina, Inc. its
sponsors, counselors, representatives, and anyone else acting on behalf of said church,
from any and all liability resulting from any personal injuries or illness sustained by my
child or any property damage or loss incurred by said child, while participating in any
church sponsored trip or activity.

In the event my child should become ill, be injured or otherwise require emergency
medical attention, I do hereby authorize any physician, nurse or medical technician as
may be selected by the representative of Cedar Shoals Baptist Church of Belton, South
Carolina, Inc. to render such medical aid, including any type of surgery, as may, in their
opinion, be necessary for the well-being of my child. Further, I agree to release any such
physician, nurse, or medical technician from any claims for damages which may arise from
rendering such medical aid or surgery to my child.

Parent or Legal Guardian