

Hampton Heights Baptist Church

2511 Wade Hampton Boulevard

Greenville, SC 29615

864-244-1385 hhbc.org

Child's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact:

(Name)

(Phone)

Field trip to- _____ Date- _____

Medical Information/ Special Conditions:

Waiver of Liability-

I/we, the parents of the above named child, hereby give my/our approval to be in the care of and/or participate in the activities. I/we know that accidents/injuries may occur when children take part in play or activities and not all accidents are preventable. I/we hereby waive, release, absolve, indemnify, and agree to hold harmless the membership of Hampton Heights Baptist Church, Hampton Heights Baptist Church Incorporated, the organizers, supervisors, volunteers, and participants from any claim arising out of any injury to my/our child from the result of any cause.

Parent/Guardian Signature: _____ Date: _____

Photo/Video Release-

I hereby consent that photographs, audios, and videos taken of my child during activities at Hampton Heights Baptist Church may be used for purposes of event documentation, media coverage and promotion, and on the Hampton Heights web site.

Parent/Guardian Signature: _____ Date: _____