



Mt. Rachel Baptist
Children's Ministry
1600 Haig Mill Rd NW
Dalton, GA 30720
(706)278-5192
www.mtrachel.org

LIABILITY RELEASE FORM RELEASE OF ALL CLAIMS

In consideration for being accepted by Mount Rachel Baptist Church for participation in _____, do ourselves (myself) and for and on behalf of my child (participant) do hereby release, forever discharge and agree to hold harmless Mount Rachel Baptist Church. We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment and assume responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we (I) hereby assume all transportation costs.

_____ (Print name of participant)	_____ Father	_____ (Date)
_____ Parent (s) phone number	_____ Mother	_____ (Date)
	Or	
	_____ Legal Guardian	_____ (Date)