

BEN HILL UNITED METHODIST CHURCH

Consent to Transport  
Waiver and Release Form

Completed by the Person to be Transported

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

If Minor Child named above, please complete the following:

Parent or Guardian: \_\_\_\_\_  
Parent or Guardian Work Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Does the person named above have any special dietary needs, allergies, or any medical condition or health problems of which the Church should be aware? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact other than Parent or Guardian: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Transportation Waiver and Release**

I, the undersigned, give my consent for the person identified above to be transported by Ben Hill United Methodist Church [the Church] and will assume all liability for my participation in this activity/event and any injury that may result during the transport or at the event/activity.

Further, by signing below:

- 1. I will not hold the Church, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
- 2. I hereby accept financial responsibility for personal items lost by the person identified herein.
- 3. I authorize the Church to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
- 4. I accept full responsibility and hereby grant permission for me and/or my minor child to travel with the Church.

This Waiver and Release will be valid for all transportation occurring as of and after the below date. This Waiver and Release is valid from \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature Print Name/Relationship