FBC Sumrall Student Ministry

Consent to Transport

Waiver and Release of All Claims 169 Center Avenue Sumrall, MS 39482 601-758-4738 (phone) † 601-758-3762 (fax) www.fbcsumrall.org reedmcdaniel@fbcsumrall.org

Person to be Transported				
Name:		Grade:	Date of Birth:	
Address:				
City:	State:		Zip Code:	
Home Phone:	Cell Pho	ne:		
If Minor Child named above (under 18	s) please complete the foll	owing:		
Parent or Guardian:		J		
Parent or Guardian Work Phone:		Cell Phone:		
Survey Court at athough a Day	F B	C		
Emergency Contact other than Parent		Dalat	in a ship.	
Name:		•	ionship:	
GTI			NTG	
Transportation Waiver and Re	elease			
	•	-	d by FBC Sumrall and will assume all liability fo	
my/their participation in this activity/even	t and any injury that may res	ult during the	transport or at the event/activity.	
Further, by signing below:	IIMR	Δ.		
for injury occurring to the named pers		. •	anyone acting on its behalf responsible or liable ravel.	
2. I hereby accept financial responsibility	for personal items lost by th	e person ident	tified herein.	
·	person in the course of such	activities/eve	n choice, any emergency medical care that may nts or such travel, and agree to accept the cost	
4. I accept full responsibility and hereby	The state of the s	•	to travel with FBC Sumrall.	
			CHURCH PROGRAM YEAR – d through August 31, 2021	
Signed this day of	, 20	•		
Parent's/Guardian's Signature				
On Thisday of,20	, personally appeared before	e me		

Personally knows by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this

__day of______, 20___. My commission expires_____ Notary Public_____