



## Parents Night Out

7125 Goodwood Ave.  
Baton Rouge, LA 70806

Parent's Full Name: \_\_\_\_\_

Regularly attend church? \_\_\_\_\_ Where? \_\_\_\_\_

### MEDICAL RELEASE

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Known Conditions	Allergies	Additional Info.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of medical emergency\*, I hereby give my permission to the physician selected by the Parents Night Out staff of Trinity Baptist Church to secure proper treatment and/or hospitalization for my child(ren) listed above. I further understand that I will be responsible for all medical expenses incurred.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*The staff of the Trinity Baptist Church Parents Night Out will make every attempt to reach the parent/legal guardian listed, or the emergency contact given on your registration form.**

**Please Note:**

- If your child is allergic to pizza or cookies, please provide his/her meal or dessert. (No nuts will be used.)
- Please pay at time of drop off – cash only.
- Doors will open at 5:45.

# RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

IN CONSIDERATION OF MY CHILDREN/WARDS LISTED ABOVE, being allowed to participate in Trinity Baptist Church (7125 Goodwood Ave., Baton Rouge, LA 70806) Parent Night Out, I agree that:

I, \_\_\_\_\_, my spouse, my child, and any other legal or familial representatives, HEREBY RELEASE AND HOLD HARMLESS Trinity Baptist Church, its elders, deacons, officers, members, associates, and sponsors, from all claims, actions, suits and demands WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, loss or damage to person or property resulting from my child's participation in Parents Night Out, EVEN IF ARISING FROM NEGLIGENCE.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_