

WAIVER FOR THOSE 18 AND UNDER

_____ has my permission to go to the

Cedar Point Day on **Thursday, June 9, 2022.**

In the event that my child becomes ill or injured while under church supervision, I approve the sponsors to contact me or another guardian and follow my/their instructions. If a guardian is unreachable the sponsors have my permission to take appropriate steps to get medical attention for my child. In the case that my child requires treatment, the attending physician has my permission to treat them in my absence. I relieve First Baptist Church of Elyria and their sponsors from any liability in connection with this activity.

Parent/Guardian Signature: _____

Date: _____

Parent's Names: _____

Family Address: _____

Family E-mail: _____

Home Phone: _____

Mother's cell: _____

Father's cell: _____

List any medical allergies, medication being taken, medical problems, or other information pertinent in the event of a medical emergency.

WAIVER FOR THOSE OVER 18

_____ has my permission to go to the

Cedar Point Day on **Thursday, June 9, 2022.**

In the event that I becomes ill or injured while under church supervision, I approve the sponsors to take appropriate steps to get medical attention for me. In the case that I require treatment, the attending physician has my permission to treat me. I relieve First Baptist Church of Elyria and their sponsors from any liability in connection with this activity.

Signature: _____

Date: _____

Address: _____

E-mail: _____

Cell Phone: _____

Emergency Contact Name and Cell Phone:

List any medical allergies, medication being taken, medical problems, or other information pertinent in the event of a medical emergency.

