

Bealeton Baptist Church
Medical & Liability Release Form
&
HOB+ Enrichment Program
Medical Release Form

Every activity sponsored by this church (and/or) HOB+ Enrichment Program is carefully planned and adequately supervised by mature adults. All in authority, whether the Director, Tutors or Teachers have submitted to background checks and those are on file. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees and accept all risks and hazards inherent in these activities. They also agree not to hold this church, its employees, and/or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor on this form and the signature is both a medical and liability release.

Please list all children who will attend:

Name(s) of Minor Children:

Bealeton Baptist Church

PO Box 50

Parents or Guardian's Signature:

Bealeton, VA 22193

(540) 439-3681

Parents or Guardian's Name (please print)

Address: _____

HOB+ Enrichment Program

P O Box 25,

Phone Number: _____

6636 Schoolhouse Road

Cell Phone: _____

Bealeton, VA 22712

E-mail Address _____

Laura Lombardo (540) 845-2526

Date Signed: _____

Laurel Tiemens (540) 842-8985