



Medical and Surgical Waiver

Also: Property Damage and Personal Property Searches

I am the parent and/or legal guardian of _____ and hereby

acknowledge that he/she is under my care, custody, and control. In the event there arises an **emergency** necessitating medical/surgical attention, I expressly grant my permission and consent to Grace Place Staff, its representatives, sponsors, or attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. **I understand that every attempt will be made to contact me in the event of an emergency.** I, the undersigned parent and legal guardian of the above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Grace Place Staff, Grace Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks, and dangers, including negligence, damages, liabilities, arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume all/any financial responsibility for any damage to property that my child may cause on Grace Baptist Church Campus or any field trip location or transportation vehicle.

Signature of Parent or Guardian

Date

State of Tennessee, County of _____ sworn to and subscribed before me this _____ day of _____, 2019.

**Notary Public for Tennessee
Commission Expires _____**

