



**Consent to Transport  
Waiver and Release of All Claims**

South Elkhorn Christian Church  
4343 Harrodsburg Road, Lexington, KY 40513  
859-223-1433

**Person to be Transported**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

If Minor Child named above, please complete the following:

Parent or Guardian: \_\_\_\_\_

Parent or Guardian Work Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

**Emergency contact other than Parent or Guardian:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Transportation Waiver and Release**

I, the undersigned, give my consent for the person identified above to be transported by South Elkhorn Christian Church and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport or at the event/activity.

Further, by signing below:

I will not hold South Elkhorn Christian Church, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.

1. I hereby accept financial responsibility for personal items lost by the person identified herein.
2. I authorize South Elkhorn Christian Church to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
3. I accept full responsibility and hereby grant permission for me or my minor child to travel with South Elkhorn Christian Church.

PLEASE NOTE THAT THE FORM IS VALID FOR THE ENTIRE PROGRAM YEAR- JANUARY-DECEMBER. This waiver is valid through Decemeber, 2018.

**(OVER PLEASE)**



## Photo Consent Form

South Elkhorn Christian Church  
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I hereby grant South Elkhorn Christian Church permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of South Elkhorn Christian Church and will not be returned. I hereby irrevocably authorize South Elkhorn Christian Church to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing South Elkhorn Christian Church's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge South Elkhorn Christian Church from all claims, demand and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

If the person signing is under 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Printed Name \_\_\_\_\_

Date \_\_\_\_\_