



**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- AUGUST THROUGH JULY. This waiver is valid through July, 2016.

(OVER PLEASE)



Photo Consent Form

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

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 wave 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 _____