

Permission for Treatment

My permission is granted for _____ for sponsor in charge
_____ or _____ to obtain the necessary
emergency medical attention in case of sickness or injury for _____.

I/We, the undersigned, do hereby release and forever discharge all sponsors and
Central Baptist Church Kirbyville, Texas, from any and all claims, and demands, actions
or cause of action, past, present, or future, rising out of damage or injury while part of
this event.

Dated this _____ day of _____, 2006.

Signature of Parent or Guardian