

**Safe Church Policy for Children and Youth**  
Lake Talquin Baptist Church, Tallahassee, Florida

Appendix Q

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Lake Talquin Baptist Church  
Parent Release Form

TRANSPORTATION BY

Church Van       Private Vehicle       Walking       Charter Bus/Van

Date of Field Trip \_\_\_\_\_ Person in Charge \_\_\_\_\_

Print Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ understand that my child having been accepted by Lake Talquin Baptist Church Field Trip supervisor to go on Church sponsored trip to \_\_\_\_\_, and I, the undersigned, understand that my child, if transported by a privately owned vehicle, charter bus/van, Church bus/van or walking, hereby release Lake Talquin Baptist Church, the individual members, volunteers' and Pastor of Lake Talquin Baptist Church from any financial responsibility because of sickness or the child while going to, returning from, or attending said field trip or because of any accident in which the child is injured. I hereby authorize the person(s) in charge of said trip to incur expense considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

If any situation in which the safety and security if children might be compromised, Lake Talquin Baptist Church will take the necessary steps to ensure the safety of its children and staff, including the cancellation of scheduled field trips and Church events. Should this trip be cancelled as a result of such event, the Church cannot guarantee any monies (including deposits) will be refunded by the vendor(s) associated with this transaction. Therefore, children's parents, guardians, etc., are hereby cautioned and advised that the Church will not be liable for any reimbursements associated with this event that are not refunded by the vendor(s) and returned to the Church.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_ Bus Ph \_\_\_\_\_

Address of Parent/Guardian (St., Route#, PO Box#)

\_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Additional Emergency Contact

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Relationship to Child

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Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_