



Consent to Transport

Waiver and Release of All Claims

Bullard church of Christ
Main and Henderson Streets, Bullard, TX 75757
(903) 894-7039

Person to be Transported

Name: _____ Date of Birth: _____

Address: _____ City: _____

Home Phone #: _____

If Minor Child named above, please complete the following:

Parent or Guardian: _____

Parent or Guardian Work Phone #: _____

Emergency contact other than Parent or Guardian:

Name: _____

Relationship: _____

Transportation Waiver and Release

I, the undersigned, give my consent for the person identified above to be transported by members of the church of Christ at Bullard 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:

1. I will not hold any members of the church of Christ at Bullard, employees, 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.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize members of the church of Christ at Bullard 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.
4. I accept full responsibility and hereby grant permission for me or my minor child to travel with members of the church of Christ at Bullard.

PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE YEAR – January THROUGH January. This waiver is valid through January 20 _____

Signed this _____ day of _____, 20_____.

Signature _____ Print Name/Relationship _____

(OVER PLEASE)

Photo Consent Form



Bullard church of Christ
Main and Henderson Streets, Bullard, TX 75757
(903) 894-7039

I hereby grant Bullard church of Christ 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 Bullard church of Christ and will not be returned. I hereby irrevocably authorize Bullard church of Christ to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Bullard church of Christ'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 Bullard church of Christ from all claims, demands, 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 age 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 my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Signature _____

Parent/Guardian's Printed Name _____

Date _____