

## BUS MINISTRY RELEASE FORM

### CHRISTIAN TABERNACLE CHURCH Bus Ministry Release Form

This form is to be completely filled out and signed by any person 18 years or older.

Please Print:

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

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

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

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Do you have allergic reactions to any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list the medication(s) to which you are allergic. \_\_\_\_\_

I, the undersigned, understand that in signing this waiver, I release and hold harmless Christian Tabernacle Church, it's trustees, officers, employees, and any volunteers from any liability, past, present or future, fully and completely. I authorize the executive staff or designated medical professionals to administer emergency medical assistance if I am unable to give my consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For CTC Bus Ministry Office Use Only

Date Form Received: \_\_\_\_\_ Above information Complete? Yes \_\_\_\_\_ No \_\_\_\_\_

Ministry: \_\_\_\_\_ Coordinator: \_\_\_\_\_

Activity: \_\_\_\_\_

Bus Driver's Signature: \_\_\_\_\_