# Bible Quiz

## Parental Consent and Release of Liability
## Please Print and Provide All Information Requested

**IMPORTANT:** **THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.**

**Please return this form to your coach/coordinator before each Event.**

**To Be Filled Out By the Church – Please Print**

Child's Name: _____ Church Name: _____

Coach: _____ City: _____

Child's Birthdate: _____

Date and location of the Event the Child is attending: **Date**: February 28, 2026 **Location**: Menchville Baptist Church

I understand and agree that participation in the **"Awana" Handbook-based Bible quiz** is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability.

**Consent to Attend Event**

I hereby give permission for my Child to attend and participate in the Event.

**Release of Liability**

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation–related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Menchville Baptist Church (MBC), its Awana Club, Church directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the Commonwealth of Virginia.

**Consent to Medical Treatment**

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Event.

List any medical or food allergies of Participant (please write "None" if applicable): _____

_____

Will Participant be under any medication while at Event? Yes No If yes, please provide details:

_____

**Media Release**

I understand that at this event or related activities, my Child may be photographed. I agree to allow my Child's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. When an identification of a child is made, only the first name of the child may be used along with the name of the church.

**Authority to Sign**

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of Newport News, VA.

Parent or Guardian Signature: _____ Date Signed: _____

Printed Name and Phone Number Emergency Contact: _____ Phone Number: _____