FBC Sumrall Family Ministries

169 Center Avenue, Sumrall, MS 39482
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Consent to Transport

Waiver and Release of All Claims

Person to be Transported

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

If Minor Child named above (under 18) please complete the following:
Parent or Guardian: _____
Parent or Guardian Work Phone: _____ Cell Phone: _____

Emergency Contact other than Parent or Guardian:
Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Transportation Waiver and Release

I, the undersigned, give and consent for the person identified above to be transported by FBC Sumrall 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 FBC Sumrall, its officers, agents, volunteers, employees, assigns 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 FBC Sumrall 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 FBC Sumrall.

PLEASE NOTE THAT THIS FORM & WAIVER IS VALID FOR THE FOLLOWING CALENDAR YEAR:
May 1, 2026 through April 30, 2027

Signed this _____ day of _____, 20_____.

Parent's/Guardian's Signature_____

On this_____ day of_____,20___, personally appeared before me_____

Personally knows by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this

_____day of_____, 20___. My commission expires_____ Notary Public_____