BACH Co-op Parental Consent

The undersigned does hereby give permission for our child(ren):	
To participate in the activities sponsored by BACH Co-op the minor(s) have been entrusted, to consent to any x-ra or dental diagnosis or treatment and hospital care, to be or special supervision and on the advice of any physician the Medical Practice Act on the medical staff of a licensed treatment is rendered a the office of said physician or sa and agrees to pay all costs and expenses incurred in conservices rendered to the aforementioned child(ren) pursu	ay examination, anesthetic, medical, surgical rendered to the minor(s) under the general or dentist licensed under the provisions of d hospital, whether such diagnosis or id hospital. The undersigned shall be liable mection with such medical and dental
Should it be necessary for our children(ren) to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs, as requested by transportation provider.	
The undersigned does also hereby give permission for our by the adult in whose care the minor has been entrusted activities sponsored by BACH Co-op.	• • •
Parent or Legal Guardian's Signature	Date
BACH Co-op Waiver	of Liability
In order to participate in BACH Co-op activities including BACH Co-op must read and sign where indicated below,	,
For and in consideration of the benefits of participating in for myself and as guardian of the minor child(ren) whose	
do hereby WAVE and RELINQUISH any right, cause of ac or its leadership, of Providence Baptist Church or its lead including without limitation any bodily injury arising out of BACH Co-op activities.	lership, for any injury, damage of loss
Parent or Legal Guardian's Signature	 Date