

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: _____