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PARTICIPATION:

I give permission for to attend and participate in **YOUTH MINISTRY** activities (including events located on or off church grounds). I understand that specific event permission forms may be required at a later date in addition to this form.

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MEDICAL:

I understand that in the event medical intervention is needed, every attempt will be made to contact the youth's emergency contact(s) listed below. If they cannot be reached, I give my permission to the medical personnel selected by the leader to secure treatment for this youth as deemed necessary.

**I understand that my insurance coverage for this youth will be used as primary coverage in the event medical intervention is needed and that any cost incurred shall be my sole responsibility.

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TRANSPORTATION:

I give permission for this youth to ride in any vehicle designated by the leader while participating in **YOUTH MINISTRY** activities. Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I assume responsibility for the transportation costs.

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MEDIA:

I understand that this youth may be photographed or recorded on video during the course of **YOUTH MINISTRY** activities. I consent for their image to be used for promotional purposes without expectation of compensation.

**It is not necessary for you to initial this media release in order for this youth to attend the program.

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GENERAL:

I understand that all reasonable safety precautions will be taken by **YOUTH MINISTRY** and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I release **YOUTH MINISTRY** and its agents from liability for damages, losses, illness, or injuries incurred by this youth.

IN CASE OF EMERGENCY, NOTIFY THE PERSON BELOW:

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>	Home Phone:	<input type="text"/>
Alternate Contact Name:	<input type="text"/>	Other Phone:	<input type="text"/>
		Alternate Contact Phone:	<input type="text"/>

GUARDIAN CONSENT:

I, , give my PERMISSIONS as initialed above.

Signature:

Date: