



Parental Consent & Liability Release Form

YOUTH PARTICIPANT'S NAME		BIRTH DATE	AGE	CELL PHONE
		/ /		
STREET ADDRESS			CITY, ST	ZIP
SCHOOL		GRADE	ALLERGIES/MEDICAL CONDITIONS	
PARENT(S)/GUARDIAN NAME(S)				
CELL PHONE#1	CELL PHONE#2	WORK PHONE#1		WORK PHONE #2

PARENTAL CONSENT: The undersigned do(es) hereby give permission for my (our) child named above (**YOUTH PARTICIPANT**) to attend and participate in **MINISTRY EVENTS** sponsored by **THE ROCK CHURCH** during the year **2019**. We/I also grant permission to **THE ROCK CHURCH** to take photo(s) or video of the **YOUTH PARTICIPANT** and use them in publications (printed or on **THE ROCK CHURCH'S** electronic media sites) for promotional purposes without compensation.

LIABILITY RELEASE: We / I, the undersigned, do hereby release, forever discharge and agree to hold harmless **THE ROCK CHURCH**, its Pastors, staff, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the **YOUTH PARTICIPANT** while involved in the youth activities, other than in incidents considered to be gross negligence. We/I, the parent(s) or legal guardian(s) of this **YOUTH PARTICIPANT** hereby grant our/my permission for the **YOUTH PARTICIPANT** to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we/I [and on behalf of our/my minor **YOUTH PARTICIPANT**] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein, other than incidents considered to be gross negligence.

Further, authorization and permission is hereby given to **THE ROCK CHURCH** to furnish any necessary transportation, food and lodging for this **YOUTH PARTICIPANT**. The undersigned further hereby agree to hold harmless and indemnify **THE ROCK CHURCH** for any liability sustained by **THE ROCK CHURCH** as the result of the negligent, willful or intentional acts of said **YOUTH PARTICIPANT**, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor **YOUTH PARTICIPANT** has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor **YOUTH PARTICIPANT** under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned **YOUTH PARTICIPANT** pursuant to this authorization.

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EARLY RETURN HOME POLICY: Should it be necessary for our/my youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our/my **YOUTH PARTICIPANT** to ride in any vehicle driven by an approved adult/chaperone in whose care the minor has been entrusted while attending and participating in activities sponsored by **THE ROCK CHURCH**. My child/youth and I understand that **SEAT BELTS SHALL BE WORN AT ALL TIMES** during transportation.

Emergency Phone #s in case parent/guardian cannot be reached: _____

FOR THIS RELEASE TO BE VALID, IT MUST BE SIGNED BEFORE 2 WITNESSES* OR NOTARIZED

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

WITNESS: _____
PRINTED NAME SIGNATURE DATE

WITNESS: _____
PRINTED NAME SIGNATURE DATE

NOTARY PUBLIC

NOTARY/BAR ROLL # _____

DATE: _____

*** Witnesses CANNOT be staff, ministry leaders or volunteers of The Rock Church.**