



Parental Consent and Release of Liability



IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY. PLEASE PRINT AND PROVIDE ALL INFORMATION REQUESTED.

Participant Information:

Last Name _____ First Name _____ MI _____
Birth Date _____ Grade _____ Male or Female _____ E-Mail Address _____
Mailing Address _____ Physical Address _____
City _____ State _____ Zip _____ Cell Phone _____
Church Name _____ Pastor's Name _____
City and State _____

Parent Information:

Father's Name _____ Home Phone _____ Work/Cell _____
Mother's Name _____ Home Phone _____ Work/Cell _____
Who does the Participant live with? _____ Whom shall we contact first? _____
Whom shall we contact in the case of an emergency and parents cannot be reached:
Name _____ Relationship _____ Phone _____

Consent to Participate:

I hereby give permission for Participant to attend and participate in Sierra Bible Church's Youth Group (also known as SBC Youth Group/Avenue/Velocity) activities.

Release of Liability:

Prior to Participant's participation in SBC Youth Group/Avenue/Velocity activities, I acknowledge that involvement of Participant in these activities involve risk of property damage and personal injury, illness or even death of Participant, including but not limited to the risks arising from transportation-related activities, recreational activities, accident related to facilities, adverse weather conditions, and other injuries and/or illness. In addition, I understand that there may be other risks inherent in SBC Youth Group/Avenue/Velocity of which I may not be presently aware.

By signing this Parental Consent and Release of Liability, I warrant that Participant is fully capable of safely participating in all activities, and I expressly assume all risks of Participant's involvement whether such risks are known or unknown to me at this time. I further generally release Sierra Bible Church and their directors, employees, volunteers, and other participants at the activity from any and all claims that I or Participant as a result of involvement in SBC Youth Group/Avenue/Velocity activities, whether on or off activity grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, Participant, and the heirs, family, estate, administrators, executors, personal representatives and assigns of me and Participant.

Consent to Medical Treatment:

If Participant experiences an injury or illness, or has other medical needs, I authorize Sierra Bible Church, SBC Youth Group/Avenue/Velocity, and its employees, volunteers, and agents to make such arrangements for Participant's health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release Sierra Bible Church, SBC Youth Group/Avenue/Velocity and its directors, employees, and other participants from any claims, including claims for medical charges, prescription costs and other expenses, I might have as a result of such are, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (please provide details in the Medical Information section) to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Other Releases and Acknowledgement:

I understand that, while Participant is involved in SBC Youth Group/Avenue/Velocity, photographs, film, audio recordings and videotape of Participant may be taken and may be used in brochures, videos, releases to the press, and various church publications and other work product. I do hereby irrevocably grant Serra Bible Church and SBC Youth Group/Avenue/Velocity permission to record, display and/or reproduce my child's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media or by any means, methods or technologies now known or hereafter to be known.

I understand that Sierra Bible Church and SBC Youth Group/Avenue/Velocity does not provide transportation to and from activities and do hereby take responsibility for either providing or arranging for transportation of Participant, and for ensuring that Participant will arrive and depart by the scheduled dates and times.

I will ensure Participant only wears/brings clothing that adheres to the Activity Dress Code or similar policy. If Participant fails to abide by established rules, standards of conduct, Activity staff or volunteers reserve the right to send Participant home or exclude Participant from the activity. If it becomes necessary to send Participant home, I hereby agree to provide transportation or make travel arrangements for Participant and to assume the cost of these expenses.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed servable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

Medical Information:

Medical Insurance Co. _____ Policy Number _____

(Please attach a copy, front and back, of your insurance card)

Address _____

Phone: (_____) _____ Insured's Name _____

Doctor's Name: _____ Phone (_____) _____

List any medical / food allergies, or other behavior problems or physical conditions of **Participant** (please write "None" if applicable):

I give my permission for Participant to take Tylenol, Advil, Midol, Motrin, Aspirin, Cold medications, Benadryl or similar allergy medication, at the discretion of the directors, employees, volunteers, and other participants of the activity. Yes No

Date of last Tetanus Shot: _____

Will Participant be under any medication while participating with SBC Youth Group/Avenue/Velocity activities? Yes No

If yes, please provide details: _____

I represent and warrant that I am a parent or legal guardian of the Participant named above and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of the Participant. By signing below, I acknowledge that this document has been read and understood by me, and also represent that all information provided is accurate. **THIS PARENTAL CONSENT AND RELEASE OF LIABILITY IS VALID FROM JULY 1, 2008 THROUGH JULY 1, 2009. Each legally responsible parent/guardian is required to sign below.**

1st Parent or Guardian signature (required)

2nd Parent or Guardian signature (required)

Name Printed

Name Printed

Date Signed

Date Signed

Daytime Phone

Daytime Phone

Evening Phone

Evening Phone