

Metro Church of Christ

Youth Events

Permission and Liability Statement

PLEASE PRINT:

Name: _____ Phone: (_____)_____

Address: _____ City: _____

State: _____ Zip Code: _____ Birth Date: _____ Grade: _____

Emergency Contact : _____ Phone: (_____)_____

Doctor's Name: _____ Phone: (_____)_____

Medical Insurance Co.: _____ Policy No: _____

Special Medical Conditions: _____

Medications Required: _____

I hereby give my permission for the above named person to participate in events and activities sponsored by the Metro Church of Christ. I also grant authority to Metro Church of Christ Staff to place the above named person in the care of a legally qualified doctor, dentist, and/or hospital when in the staff's opinion it is necessary or the best option. Metro Church of Christ is released from any liability in connection with the afore-named person, except as covered by liability insurance. I agree that Metro Church of Christ will not be held responsible if any of my/or my child's property is lost, stolen or damaged during any church sponsored event in which they are participating.

_____ Date: _____

Signature of parent or guardian if a minor. (Your signature if you are 18 or older.)

I further consent to the above named person being photographed for purposes of recording the event experience, that these photographs may be used on our websites or for other publicity purposes. I understand that minor children will not be identified by name in any publication.

_____ Date: _____

Signature of parent or guardian if a minor. (Your signature if you are 18 or older.)

(All Adult Chaperones and Staff *must* also sign this release form.)

**This permission is in effect from
December 1, 2018 through December 31, 2019**