

REAL YOUTH Ministry

Permission form and Release of Liability

Event: Zoombezi Bay

Dates: June 23rd (9am-6pm)

Affiliated With: StoneBridge Church

Phone: 231-299-4429

Name of Person in Charge of Event: Andrew Thomas

Name of Participant: _____

Birth Date: _____ - _____ - _____ (00/00/0000)

Grade: _____

Address of Participant: Street _____ **City** _____ **State** _____
Zip _____

Release of Liability/Consent: I release StoneBridge Church of God, including its leaders, employees, and volunteer staff from any damages, losses, diseases, or injuries while participating at a StoneBridge Church of God activity; including transportation provided by church staff and designated volunteers to, from and during said activities by rented vehicle or private vehicle.

I understand that my child and /or I may participate in any number of activities, some of which include, but not limited to, recreational activities and games. I understand that there are certain risks associated with any activity; I will assume responsibility for these risks, whether known or unknown to me at this time.

I acknowledge that if the participant has to return home early for discipline violations or medical reasons, it will be at the parent's/guardian's expense.

Media Consent: I give permission to StoneBridge Church of God the right to use, reproduce, and/or distribute photographs, video recordings, and sound recordings of my child, without compensation or approval rights, for StoneBridge Church of God purposes.

I have read and give my consent for my student to participate in this activity.

Signature Required: _____ **Date:** _____

(Relationship to Participant Circle one: Parent OR Guardian)

If you are 18 or older you can sign this form yourself.

**REAL Youth Ministry of StoneBridge Church:
Emergency Contact and Medical Information*
for 2017-2018 Year**

*Per Student

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
()	()	()	()		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact			
()	()	()	()		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Medical Information

Hospital/Clinic Preference: _____

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

