



# Ignite Over 18 Student Ministries Consent Form

Student's Full Name \_\_\_\_\_

2020-2021 Grade Level: 6 7 8 9 10 11 12 Sex: \_\_\_M \_\_\_F DOB: \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Street Address \_\_\_\_\_

Print Parent/Guardian's Email Address \_\_\_\_\_

Parent Contact Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_ relation \_\_\_\_\_

Medical Insurance: \_\_\_ Yes \_\_\_ No Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Contact Number \_\_\_\_\_

List any allergies or medical conditions that may be relevant to student's participation in activities OR to a physician in the event of an emergency: \_\_\_\_\_

**Please read and check appropriate answer:**

\_\_\_Yes \_\_\_No I understand in the event of an emergency medical situation, every attempt will be made to contact my emergency contact. If they cannot be reached, I hereby give my permission for the adult in charge to secure medical treatment and/or transportation if needed.

\_\_\_Yes \_\_\_No I understand my insurance will be used as primary coverage in the event medical treatment is needed.

\_\_\_Yes \_\_\_No I understand all reasonable safety precautions will be taken by Garber Church and its agents during all events/activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to *not* hold Garber Church, its employees, leaders, and/or volunteers liable for damages, losses, diseases, or injuries incurred.

\_\_\_Yes \_\_\_No I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of me during church events to be used, distributed, or shown as Garber Church sees fit.

\_\_\_Yes \_\_\_No I hereby give permission to be transported in any vehicle designated by the adult that has been entrusted while attending and participating in events and/or activities sponsored by Garber Church.

In order to volunteer or participate in programming at Garber Church in the 2020-2021 programming year, we ask that everyone read and sign the following document:

**ASSUMPTION OF RISK RELATING TO CORONAVIRUS/COVID-19**

The Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to person contact as well as from droplets in the air. As a result, the CDC recommends wearing of masks, social distancing and frequent handwashing. Garber Church has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, Garber Church cannot guarantee that you will not become infected with COVID-19 as a result of participating in programming and/or volunteering on Garber campuses.

I, \_\_\_\_\_, acknowledge the contagious nature of COVID-19 and voluntarily assume the risks that I take by participating in a Garber program or utilizing Garber’s facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do not write in box below unless you are in the presence of a Notary Public.**

**For office/notary use only.**

**TO BE SIGNED BY PARTICIPANT 18 YEARS OF AGE OR OLDER:** In the event that I am in need of medical assistance and am unable to authorize such assistance, I hereby authorize the Garber United Methodist Church adult leader in charge of the event in which I am participating to request medical assistance on my behalf.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
Date

DATE

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: ( \_\_\_\_\_ SEAL)