

FAITH COMMUNITY BIBLE CHURCH
 2017-2018 YOUTH GROUP MINISTRY MEDICAL RELEASE, WAIVER & CONSENT FORM
 This form will be in effect from September 10, 2017 through August 31, 2018.

YOUTH GROUP MEMBERS

Youth/Teen Name:	Birth Date:	Year of Graduation:
Youth/Teen Name (2):	Birth Date:	Year of Graduation:
Youth/Teen Name (3):	Birth Date:	Year of Graduation:

PERSONAL INFO

Address:			
Parent/Guardian Cell:	Youth/Teen Cell:	Home:	Work:
Email address:			
Parent/Guardian Living w/Student:			
Emergency Contact:	Phone:		

PERMISSION TO USE LIKENESS: Sign here to agree to allow, without compensation, your youth/teen’s likeness to appear, and be used (without names), in material, regardless of media form on the FCBC website, FCBC Facebook page, brochures or bulletin board. Parent Permission for media image of your youth/teen: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my youth/teen _____ (“Participant”), to attend and participate in any Faith Community Bible Church Youth Group activities, events, retreats during the period stated at the top of this form.

ASSUMPTION OF RISK: I understand the nature of the events; that my youth/teen is in good health, and in proper physical condition to participate; and there are certain inherent risks and dangers associated with the events; and that I knowingly and voluntarily, accept and assume responsibility for each of these risks and dangers and give permission for my youth/teen to participate.

RELEASE AND WAIVER: I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the FCBC and its members, their officers, and employees from any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to, my youth/teen participation in the events, except for those caused by the willful misconduct, gross negligence or intentional torts of the above parties.

PERMISSION TO SEEK MEDICAL CARE: Knowing that FCBC adult leaders will take the utmost care of my youth/teen’s safety, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my youth/teen’s health. I hereby authorize the staff of FCBC to seek medical attention for my youth/teen should an emergency arise. I understand that every effort will be made to contact me as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary emergency medical treatment.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my youth/teen to ride in any vehicle driven by an approved and licensed Youth Leader or ADULT chaperone while attending and participating in activities sponsored by Faith Community Bible Church. My youth/teen and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Youth/Teen Participant’s Statement: By signing this form, I pledge to honor God, respect others during all Youth Group activities.

 Youth/Teen’s Signature Date

 Parent/Guardian Signature Date

 Youth/Teen’s Signature Date

 Parent/Guardian Signature Date

 Youth Teen’s Signature Date

 Parent/Guardian Signature Date