



# Richview Baptist Church

(A Federal Corporation)

## PARENTAL CONSENT, RELEASE AND INDEMNIFICATION FORM—YOUTH GROUP

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Parent(s) Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**ANY ALLERGIES, OR SPECIAL MEDICAL CONDITIONS, THAT YOUR CHILD MAY HAVE PLEASE LIST BELOW:**

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**I hereby grant permission for my child, named above, to participate in the Youth Ministry activities of Richview Baptist Church stated below.**

*Enroute (High School) Activities: September 21<sup>st</sup> 2017 to July 30<sup>th</sup> 2018*

In the event that they are not able to reach me, I also grant permission for him/her to receive medical attention deemed necessary by the Leaders, Youth Director or Volunteers for the injury or sickness which could occur during these events. Furthermore I release and discharge Richview Baptist Church, its employees and servants from liability for any injury received by my child while he/she is taking part in youth group activities. I give Richview Baptist Church permission to film and/or take pictures of my child for use in youth group activities, presentations and promotion of the youth group.

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Parent or Guardians Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*We value your Children and every possible precaution to avoid injury will be taken\***