



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:

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

Jr. High Activities: September 19th 2017 to July 30th 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 this event.

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.

Parent or Guardians Name and Signature: _____

Date: _____

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