

COLBERT PRESBYTERIAN CHURCH
PERMISSION AND MEDICAL RELEASE FORM FOR CHILDREN AND YOUTH
Please complete one form for each child.

_____ (Child's full name) has my permission as her/his parent or legal guardian to participate in any and all events and activities sponsored or endorsed by Colbert Presbyterian Church during the next twelve months.

I acknowledge that by participating in church-sponsored events my child may be involved in activities occurring both on and off church property, during both day and evening hours. I further acknowledge that by participating in church-sponsored events my child may become involved in recreational and sporting activities.

In recognition of these risks and realities and in consideration of my child/teen being offered the opportunity to participate in and benefit from these church-sponsored events, I agree on behalf of myself and my child/teen to release, waive and disclaim any and all liabilities of or claims against Colbert Presbyterian Church.

In the event my child requires emergency medical attention and I cannot be reached immediately, I give permission for Colbert Presbyterian Church staff, volunteers, teachers, or youth/children directors to authorize medical attention.

Unless I have indicated otherwise (see below), I understand that pictures, video recordings, and/or audio recordings of my child may be displayed in brochures, newsletters, video productions and/or other electronic media designed and distributed to inform the congregation and/or general public of programs and events taking place in the church. I understand that my child will not be identified by name without my express written permission.

I further indemnify Colbert Presbyterian Church for any and all damage or injury my child may cause to others as a result of his/her participation in the church-sponsored events. **I further understand that it is my responsibility to keep current the information contained on all record held in the church office including, but not limited to, my address, phone, emergency contact and insurance information.**

Parent/ Guardian Signature _____ Date _____

I do not want any audio or video record or pictures of my child displayed on the church property or in brochures or newsletters, video productions or other electronic media designed to inform the congregation and/or general public of the programs and events taking place in the church.