

# **Hubbard Cowboy Church** Youth Ministry 2015 Universal Permission Form

Effective Dates: January 1, 2015 - December 31,2015

### YOUTH INFORMATION

Name	Grade	DOB	Male/Female
Nickname	School	:	
Primary Address:			
Youth Email			
Youth Home Phone	Youth Cell Phone		
PARENT/ GUARDIAN INFORMA	<u>TION</u>		
List all phone numbers where	the parent/guardian can	be reached (type: i.e	e. home, cell)
Name		#	
Name		#	
EMERGENCY CONTACT			
Name	#	Relatio	on?
Name	#	Relatio	on?
CAL CONSENT			

#### PARENT

The undersigned does hereby give permission for my child (child's name) ("Participant"), to attend and participate in any Hubbard Cowboy Church children/youth ministry activities, events, retreats and childcare during the period of January 1, 2015 - December 31, 2015.

LIABILITY RELEASE: In consideration of Hubbard Cowboy Church allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Hubbard Cowboy Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be



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liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

TRANSPORTATION	PERMISSION	ON: The undersigned	does also hereby give permission	for my child/youth to ride in an			
vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Hubbard Cowboy Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during							
							transportation.
		x					
Name of parent/guard	lian	Si	gnature of parent/guardian	Date			
For (name of youth)				_			
		MEDICAL	INFORMATION				
MEDICATION:							
List all medications th	ne youth will	take during any youth	ministry trips, retreats, or events.	This includes any prescription, non			
prescription medicati	ons, herbal	supplements and vitar	mins. Any participant under the	age of 18 is required to give ALI			
MEDICATIONS to the	ne adult you	th leader in their origin	nal containers with complete disp	ensing instructions before the start			
of the event. Youth as	re not perm	itted to carry any presc	ription or non-prescription medi	cation and will be sent home at the			
parent/guardian's exp	ense if they	do.					
Medication Name	Dose	Treatment for	Dispensing instructions				
Example: Zyrtec	5mg	Seasonal allergies	Take one pill daily in the morn	ing with food			
			 licable or write N/A. Attach addit	cional pages if necessary.			
1. List any medical c	onditions yo	ou have (asthma, diabete	es, epilepsy, etc.):				
2. List any allergies (	(drug/medic	ine, food, and/or enviro	onmental) and the severity and typ	pe of reaction:			
3. Please explain any	_		the participant (i.e. physical, beha	avioral, or emotional) that would be			



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### Photo Release Form for Children and Youth

I agree that Hubbard Cowboy Church may photograph and record my child/dependent's likeness and activities (Images)<sup>1</sup> during church-related activities. I grant the following rights to Hubbard Cowboy Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Hubbard Cowboy Church from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Child/Youth's Name (print)	Parent/Guardian Name (print)	
X		
Parent/Guardian Signature	Date	

<sup>&</sup>lt;sup>1</sup> Image means all photographs, film, or other recordings taken of you as part of the Shoot.