Liability Release Form - Youth Activities

Liability Release Form (Youth Activities)

Child's Information:

- Name: _____
- Date of Birth: ____/____/____
- Address: _____

Parent/Guardian Information:

- Name: _____
- Phone:
    - (H) _____
    - (W) _____
    - (M) _____

Emergency Contact:

- Name: _____
- Phone:
    - (H) _____
    - (W) _____
    - (M) _____

Activity Details:

- Name of Activity: _____
- Date(s): ____/____/____ to ____/____/____
- Location: _____

Medical Information:

- Doctor's Name: _____
  Phone: _____
- Any medical conditions or allergies:
  _____
  _____

Consent and Release:
I, the undersigned parent/guardian of the above-named child:

1. Give permission for my child to participate in the above-named activity.
2. Understand and acknowledge that this activity involves risks.
3. Authorise Generocity Church to obtain any necessary medical treatment for my child in case of injury or illness, and agree to pay for any such medical treatment.
4. Release Generocity Church, its staff, and volunteers from any liability related to my child's participation in this activity.

Photo/Video Release:
? I give permission for Generocity Church to use photos/videos of my child for promotional purposes.
? I do not give permission for photos/videos of my child to be used.

Signature of Parent/Guardian: _____
Date: ____/____/____

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