



# LIVING WORD CHRISTIAN CHURCH

## YOUTH PERMISSION/RELEASE/ CONSENT FORM

### FOR YOUTH GROUP ACTIVITIES AT LIVING WORD CHRISTIAN CHURCH

(EFFECTIVE JANUARY 1 – DECEMBER 31, 2021)

Youth Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

### PARENTAL PERMISSION

*I hereby give permission for this youth to participate in youth activities of Living Word Christian Church, La Crosse, Wisconsin and receive oversight from the Youth Ministry Staff. This includes all sponsored youth group activities on or off the church property (including any and all activities involving travel and/or lodging) unless otherwise limited below. This permission shall remain in effect through December 31<sup>st</sup> of this year unless terminated in writing.*

*I hereby give permission for this youth to ride in a vehicle designated by the Youth Ministry Staff in whose care the youth has been entrusted while attending and participating in church youth activities. I understand that drivers for all events must be over the age of 18 and approved by Living Word Christian Church Youth Ministry Director.*

### RELEASE FROM LIABILITY & MEDICAL TREATMENT CONSENT

*I hereby hold harmless Word of Life Ministries, Inc. aka Living Word Christian Church and any of its employees, staff, members, and/or volunteers of any liability incurred at or as a result of attending the youth activities. If emergency or required medical care is needed, I hereby consent to such medical care as deemed necessary by medical care providers and the Youth Ministry Staff coordinator.*

### PHOTOGRAPH/MEDIA CONSENT

*In addition, I understand that my youth may be photographed or recorded on video during the course of youth ministry events. I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future retreats and youth group activities.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

#### For Office Use Only

- \_\_\_\_\_ Copy to Youth Ministry Director/Activities Coordinator
- \_\_\_\_\_ Original to Church Office