

## Parent Information and Consent 2013-2014

There are times when the student ministry events/activities can be very strenuous, requiring a great deal of movement and exertion. If you desire to limit your child's participation in any event/activity, please submit your wishes in writing to the Youth Director prior to the event.

\_\_\_\_\_ has my permission to attend all Youth activities sponsored by Mt. Zion Baptist Church from 09/01/2013 through 08/31/2014. Having legal custody of the student named above, I give my consent to obtain medical attention deemed necessary by the Youth Staff, Adult Leaders or medical facility in case of sickness or injury. I further understand that there are inherent risks involved in any ministry or event/activity and release the Church and its staff and members of any liability against personal loss. I also acknowledge responsibility for the cost of any medical care not reimbursed by my health insurance provider. I, the undersigned, do hereby release and forever discharge all sponsors and Mt. Zion Baptist Church, Great Falls South Carolina from any and all claims, demands, actions or causes of actions, past-present-or future existing out of any damage or injury while participating in youth events.

I agree to let my child ride the church bus or in other adult leader's vehicles should the bus be full and additional transportation needed.

I agree to reimburse all expenses for my child having to be returned home because of illness or disciplinary reasons.

I grant permission for pictures and/or videos taken of my child while attending church activities/events to be displayed and/or used in future services and/or promotion.

Dated this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_

Parent Signature \_\_\_\_\_

Witness: \_\_\_\_\_