

Youth (6-12th Grades) Parental Consent Form

Please Print:

Date_____

Child's Name_____Age_____Birthdate_____

Address_____

City_____State_____Zip Code_____

Name of Parent(s) or Legal Guardian(s)_____

Parent(s) or Legal Guardian(s) business phone_____

Parent(s) or Legal Guardian(s) Cell Phone_____

School_____Current grade in_____

I hereby affirm that my child shall be participating in the Church sponsored activities and certify that I am cognizant of the inherent dangers associated with participation in the 2019 Church sponsored activities and with the fact that participating in the Church activities may take place outside of, or off of, Church premises. I hereby give permission for our (my) child to ride in any vehicle designated by Grace Baptist Church or its designated volunteers.

I understand and agree that neither **Grace Baptist Church**, nor its trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child's participation in Church activities which may result in injury, harm or other damages to my child, myself or my family. As a part of the consideration for being allowed to enroll and participate in the Church activities, I hereby personally assume all risks in connection with my child's participation in and the transportation to and from any Church activity. I further release **Grace Baptist Church**, its trustees, instructors, agents and representative for any injury or damage which may befall my child while my child is enrolled in or participating in and the transportation to and from any Church activity. I further agree to save and hold harmless **Grace Baptist Church**, its trustees, instructors, agents and representatives from any claim by me or my family, estate, heirs, or assigns arising out of my child's enrollment and participation in and the transportation to and from any Church activity. I also authorize **Grace Baptist Church** to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in any Church activity.

I understand that as a participant, my child may be photographed or videotaped during normal Church event activities and these photos/videos may be used for promotional materials or social media posts. **Note: Any parent or legal guardian who desires for their child or children not to be in photographs or videos which may be disseminated by the Church or others, must make special arrangements with Church staff or appropriate volunteers.**

Health Insurance Yes_____ No_____ Policyholder_____

Health Insurance Company_____ Policy Number_____

Please list any of the following:

Allergies _____

Special Medical Problems _____

Other information needed _____

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

Signature of Parent/Legal Guardian _____ Date _____

I certify that the following person(s) appeared before me this day and acknowledged to me that he/she signed the foregoing document: _____.

State of North Carolina County of _____ This _____ day of _____, 2019.

Notary Printed Name

(Official Seal)

Notary Signature

My Commission Expires: _____