

# Parental Consent and Liability of Release Form

Present Date: \_\_\_\_\_  
This will be good for one year.

Name of participant \_\_\_\_\_ Age: \_\_\_\_\_  
Address \_\_\_\_\_ Birth date: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade in or just completed. \_\_\_\_\_  
School \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Parent(s) bus. or cell phone(s): \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

To whom it may concern,

We (I), \_\_\_\_\_, give permission for our (my) child, \_\_\_\_\_, to attend and participate in activities sponsored by the Perry Church of the Nazarene, until the August following the date stated above. In the case of an emergency, we (I) authorize an adult, in whose care my child has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, as advised by a licensed physician or dentist.

We (I) will be liable and agree to pay all costs and expenses incurred in connection with any medical and/or dental services given to the stated child.

In signing this, we (I) [and on behalf of our (my) participating child] assume all risk of personal injury, sickness, death, and/or damage to our (my) child. I therefore agree to hold Perry Church of the Nazarene and any directors involved *not responsible* for any unfortunate condition stated above. Furthermore, we (I) release the stated church and its directors from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature, which may result while the stated child is participating in any activity or trip sponsored by the stated church, through the expiration of this form.

We (I) also grant permission for our (my) child to ride in any vehicle driven by an adult in whose care the minor has been entrusted while attending and participating in any activities sponsored by the stated church.

Should it be necessary for our (my) child to return home for medical or disciplinary reasons, the undersigned will pay for all transportation costs.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Father's signature Date

\_\_\_\_\_  
Insurance Policy number

\_\_\_\_\_  
Mother's signature Date

\_\_\_\_\_  
Insurance Co. phone number

\_\_\_\_\_  
Legal Guardian's signature Date

\_\_\_\_\_  
Policy Holder's name

*Participant:* I have read this form, and understand the standards of conduct. I will abide by these standards, as well as any direction given by leadership.

\_\_\_\_\_  
Physician Physician's phone

\_\_\_\_\_  
Participant's signature Date

\_\_\_\_\_  
Emergency Phone Numbers

*Please List any allergies or special medical needs your child might have on the back of this form*

**Perry Church of the Nazarene • 3100 W. Ellsworth Rd. • Perry, MI 48872 • (517)625-3400**

**Shaken Youth Ministries exists to lead as many teens as possible to a life built solid on Jesus Christ.**