

PARENT/GUARDIAN WAIVER

Name of youth _____ Birth date _____
Name of youth _____ Birth date _____
Name of youth _____ Birth date _____
Name of youth _____ Birth date _____
Name of youth _____ Birth date _____

Name of parent(s) or guardian(s) _____

Phone _____ Address _____

Other person and/or number to call in emergency _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes/No
If yes, please explain.

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of **New Healing Place Church**, and any other supervised activities customarily associated with its youth group/.

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill.

I hereby grant permission to use the photographs/video described for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content for **New Healing Place Church**. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me.

Signature of Parent or Guardian _____

Date of Signature _____