

**Calvary Free Will Baptist Youth Ministries
2025 Calendar Year Annual Permission & Release Form**

PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR – January through December. It is the parent’s responsibility or legal guardian’s responsibility to notify the Youth Leader/Director of any changes that need to be made during the year.

Participant Information:

Name: _____ **DOB:** _____

Address: _____

School: _____ **Grade:** _____

Parent(s) or Legal Guardian: _____

Parent/Guardian Phone Number #1: _____

Parent/Guardian Phone Number #2: _____

Email Address: _____ **Email Address:** _____

Medical Insurance Carrier: _____

Policy # _____ **Group #** _____

Policy Holder’s Name _____ **Place of Employment** _____

Emergency Contact Information:

Name: _____

Phone Number: _____

MEDICAL

Minor’s medical conditions that leaders should be aware of: (asthma, diabetes, epilepsy, allergies, etc....)

My minor child should be excluded from the following activities:

Medication: _____

(List all medications the youth will take during any youth ministry trips.)

Dietary Restrictions: _____

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS (READ BEFORE SIGNING)

IN CONSIDERATION OF my child being allowed to participate in any way in the Calvary Free Will Baptist related events and activities for the year, the undersigned acknowledges and agrees that:

We(I), _____ (parent or guardian) of _____ (minor) hereby give my consent for my minor child to participate in youth activities/events at Calvary Free Will Baptist Church for the 2025 calendar year.

CONSENT TO TRANSPORT

We(I) give my consent for Calvary Free Will Baptist Church to transport my child and will assume all liability for their participation in this activity/event and any injury that may result during the transport or at the event/activity. We(I) will not hold Calvary Free Will Baptist Church, its officers, agents, employees, assigns or anyone acting on its behalf, responsible for liable for injury occurring to the named minor in the course of travel. We(I) accept full responsibility and hereby grant permission for me or my minor to travel with Calvary Free Will Baptist Church.

CONSENT TO TREAT A MINOR

Being the parent or legal guardian of _____, (minor), We(I) authorize an adult, in whose care the minor has been entrusted, to consent to any x--ray examination, anesthetic, medical, surgical diagnosis, or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, an/or emergency care facility, whether such diagnosis or treatment, and hospital care, to be rendered at the office of said physician or at said hospital. We(I) do herewith authorize treatment by this authority, and it is granted after a reasonable effort has been made to reach us(me) the parent(s), and/or guardian(s). We(I) understand and shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our(my) child to return home due to medical reasons or otherwise, the undersigned shall assume transportation costs. My signature also serves to indicate my willingness to take full responsibility for any and all medical services rendered for the named participant.

HOLD HARMLESS/LIABILITY RELEASE

We(I) acknowledge that participation in Calvary Freewill Baptist activities/events involve risk to participant, and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in the activities/events, the participant (or parent/guardian if participant is a minor) acknowledge and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Calvary Free Will Baptist for any injury arising directly or indirectly out of the activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

PHOTO CONSENT

We (I) hereby warrant and grant Calvary Free Will Baptist Church permission to use my child's photograph with or without their name in any and all publications, including promotional materials, printed publications, internet posts including social media, tv, & other media sources. I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Calvary Free Will Baptist, its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child listed above.

Parent/Guardian Signature

Parent/Guardian Signature

____/____/____
Date