

**Highline Christian Church Youth Group Permission and Release Slip for Activities**

**(1 Year Permission Slip)**

\_\_\_\_\_ has my permission to participate in any and all church events and activities for the next 12 months.

Participation in church events offers many benefits but I also acknowledge that participation in church sponsored events involve certain risks and hazards of injury and/or property damage, and may result in my child being unable to contact me or to receive immediate medical care and assistance if injury occurs. I further agree to indemnify the Highline Christian Church, its officers, board members, supervisors, agents and/or employees and volunteers, for any and all damage or injury that my child may cause to result in damage or injury to himself/herself and others as a result of his/her participation in church sponsored events. I release and waive any liabilities against Highline Christian Church, its officers, board members, supervisors, agents, and/or employees and volunteers, for any and all damage or injury that my child may cause to result in damage or injury to himself and others as a result of his/her participation in church sponsored events. I release and waive any liabilities against Highline Christian Church and its aforementioned agents. I agree if my child is not behaving in a manner consistent with the church's regulations on good conduct, is not following event rules or is being disrespectful to adults in charge of the event, that my child may be excluded from participation in any or all church events.

I acknowledge that these activities and events may include but are not limited to activities both on and off church property, during day or evening hours, requiring transportation by motorized vehicles and occasionally involving over night stays. Such events and activities may involve the preparing and eating of food, using candles and fire, using scissors and other tools, and using arts and crafts supplies and other materials. Some events may involve recreational and sports activities such as, but not limited to, hiking, climbing, baseball, basketball, swimming, water skiing, Ultimate Frisbee, etc.

I also understand that pictures and video of each event may be taken to further promote future activities for the Highline Christian Church Youth Group. And, that some of these photos and videos may also be posted on the Highline Christian Church website, so that students can have access them after an event has taken place. Sometimes these photos/videos will be transferred to discs, so that copies can be distributed to members of the youth group and their parents, for personal use. Copies of any photo or video taken by Highline Christian Church, its officers, board members, supervisors, agents and/or employees and volunteers, will be for Church/personal use only, and not sold, or distributed to any outside parties, other than Church members/attendee(s) and their participating guests. (Last names will not be used on any posted photo/video.)

\_\_\_\_\_ Signature of parent or legal guardian.

\_\_\_\_\_ Date

# Highline Christian Church Youth Group

(HYM - "His" Youth Ministries)

## MEDICAL RELEASE FORM

STUDENT'S NAME \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_

Please list any health problems your child has:

\_\_\_\_\_  
\_\_\_\_\_

Is \_\_\_\_\_ student \_\_\_\_\_ allergic \_\_\_\_\_ to \_\_\_\_\_ any  
medications? \_\_\_\_\_

If Yes, please list medications \_\_\_\_\_

Does Student have other allergies? \_\_\_\_\_

If Yes, please list allergies: \_\_\_\_\_

Is \_\_\_\_\_ student \_\_\_\_\_ presently \_\_\_\_\_ taking \_\_\_\_\_ any  
medication? \_\_\_\_\_

If so, list medication: \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_

Please list date of last Tetanus Shot: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to the adult leader(s) of Highline Christian Church to authorize medical treatment for my son/daughter.

Parent/Guardian's

Name \_\_\_\_\_

Home phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

Other emergency contact \_\_\_\_\_

Phone number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_