

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____ BIRTH DATE: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ Cell Phone: _____

My Child, _____, has my permission to attend and to participate in the Locked Room Event through Woodcliff's Youth Ministry program. I represent that my child is healthy and capable of participating in the event without causing risk of danger, illness or accident to themselves, or to others. I agree to hold harmless the Church, event coordinators, and volunteers in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that a staff member of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate or necessary.

Parent or Guardian Signature: _____ Date _____

Allergies to medications and reaction: _____

Other medical or important information: _____

Medications sent with participant: _____

Event photo release, please initial one.

___ I DO give permission for my child to be photographed during this event. I understand that these pictures may be used on church publications, church website, Facebook or other forms of communication distributed by WUC.

___ No I do NOT give permission for my child to be photographed.