EMMANUEL BIBLE CHURCH CHILDREN'S and YOUTH MINISTRIES
PARTICIPANT CONSENT, RELEASE AND WAIVER OF LIABILITY

Name of child/youth participant:_____ Age:_____
Name of parent/guardian:_____

READ CAREFULLY BEFORE SIGNING - THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIAIBLITY AND INDEMNIFICATION.

The undersigned parent/legal guardian hereby give consent to Emmanuel Bible Church (the "Church") for my child (insert child's name)_____ to take part in the following activity_____.

In consideration for the privilege of allowing my child to participate in the above-named activities, I agree to release and hold harmless to the fullest extent permitted by law the Church, its trustees, directors, officers, agents, and employees from any liability to or responsibility for any bodily injury (including but not limited to death), property damage or injury/illness to the above-named child while participating in the activity specified above Further, I agree to indemnify and hold harmless the Church, its trustees, directors, officers, agents and employees from any liability or responsibility for any claim asserted now or in the future by or on behalf of my child that arises from or is related to any bodily injury, illness, or property damage. Conduct that constitutes 'reckless endangerment' or 'intentional disregard' under Oregon law shall be expressly excluded from the release granted above.

Should my child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my absence, I hereby grant the Church authority to release my child for immediate first aid or emergency medical care and/or life support to such medical personnel as the Church, in its discretion, determines appropriate under the circumstances. I acknowledge that I will be responsible for any and all costs of medical treatment provided by such medical personnel.

Date:_____ _____
Signature of Parent or Legal Guardian
Contact: Home/Cell: (___)-_____ Work: (___)-_____

Emergency Contact:_____ Emergency Number: (___)-_____

Special instructions, allergies or medical conditions:

_____

_____

MEDIA RELEASE: I recognize and acknowledge that the Church may record my child's participation and appearance in the activity on any recorded medium (including, but not limited to video, audio, photos) for use in the Church's promotional materials. I authorize such recording and release the Church to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. No signature below represents my choice to opt out of this media release.

Date:_____ Signature:_____