**PARENT CONSENT AND RELEASE**

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_** am the parent or legal guardian of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** who was born on **\_\_\_\_\_\_\_\_\_\_\_** ,20**\_\_\_**.

I warrant that 1 possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. I certify and affirm that I have been completely and thoroughly informed that as a youth attending Encounter City Church, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. Physical activities, both indoors and outdoors;

Sports, both informal and organized;

3. Use of recreational equipment;

4. Field trips. both on and off campus;

Activities around water. including swimming and boating;

7. Hiking: and camping

1 acknowledge and understand that Encounter City Church may offer other activities not listed above that present similar risks or dangers to my child.

1 consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further. personally assume, on my child's behalf, all risk in connection with said

activities for any harm. injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Encounter City Church’s equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to identify and hold harmless Encounter City Church from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Encounter City Church’s equipment and facilities.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in this State or any health care professional duly licensed to provide health care services in this State for medical care and services deemed necessary by Encounter City Church, its agents, servants, and employees.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

1 agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Encounter City Church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Encounter City Church. Should the need for medical attention arise, Encounter City Church will attempt to contact me, as soon as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Encounter City Church on the basis of any claim from which I have released them herein.

**Medical Information**

Allergies **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_**

Medications being taken **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Physical handicaps or limitations **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_**

Medical insurance company **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Policy number **\_\_\_\_\_\_\_\_­­­­\_\_\_\_**Members Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­**

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_**

Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_**

Printed Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_**

Date

**PHOTOGRAPHY/VIDEO RELEASE**

Student events always provide us opportunities to photograph your student and be able to showcase what they are doing. However, in order to put any photo or video on any social media site we will need you to indicate whether or not you would like for us (Encounter City Church) to do that.

I DO grant permission for still photos, videotape or interviews with my child to be used by Encounter City Church and/or Encounter Student Ministry to be used on social media sites.

I DO NOT grant permission for still photos, videotape or interviews with my child to be used by Encounter City Church and/or Encounter Student Ministry to be used on social media sites

1 am the parent/guardian of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_** and agree to

indemnify and hold harmless Encounter City Church, its agent, trustees, employees and volunteers from any and all damages, injuries, or causes of action, which may result from the photography of my child or the publication thereof.

Parent Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_**

Student Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_**

Date Signed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_** Grade **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_**