SPRING GREEN COMMUNITY CHURCH

<u>Youth Event Consent Form – 2025-26</u> (This form must be returned BEFORE participating in any activities.)

Participant's name:	
Phone Number:	
Email:	
Name(s) of parent(s) or legal guardian(s):	
	d take full responsibility for the attendance and participation es with the Spring Green Community Church Youth Group.
from any and all responsibility and legal liability for	ity Church and its representatives, volunteers and other agents for loss, damage, or injury to the person or property of the agent or as a result of attendance and participation at this event.
agent for me in seeking any medical help which in	he Youth leaders, or representative of the host church to act as a your judgment is necessary. I understand that I, or the sponsible for any such emergency services. I expect to be
Signature of parent or legal guardian:	
Emergency phone number:	Date:
Medical information	n pertaining to the participant:
Allergies:	
Medication(s) being taken:	
Physical handicap(s) or limitation(s):	
Medical insurance company:	
Group or policy number:	
Any other information that you deem important:	

Photo Use Agreement

hereby grant, voluntarily and with full				
understanding, to	Spring GreenCommunity Church	a license	to the following:	
_	my name and image, by means of d locumentation, with respect to the a	-	ography, video photography, a	udio
2. Use of any stored d	ata including my name and image i	n printed publica	tions of Church.	
3. Use of any stored da	ata including my name and image i	n electronic pub	ications of Church.	
4. Use of any stored da sole benefit.	ata including my name and image ir	n any Web site cı	reated by or for Church for its	
	greement on behalf of a minor child of the child and that I have the legal			
mutually acceptable process, the dispute	s agreement or any claim for dame e alternative dispute resolution pro e will be submitted to a three-memb American Arbitration Association for	cess. If I cannot er arbitration pa	agree with Church upon such nel for resolution in accordanc	а
Full name of person in	n photo (please print):			
Address:				
City:		State:	ZIP:	
Signature:			Date:	
Parent's or guardian's (if the above named person is	signature:s under 18)		Date:	
Parent's name (please	eprint):			

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