



Student Release & Waiver of Liability Form

Garden Youth Ministry (GYM) School Year 2023-2024

Child 1 Name: _____ **Grade:** _____ **Birthdate:** _____

Child 1 Email: _____ **Phone #:** _____

Child 2 Name: _____ **Grade:** _____ **Birthdate:** _____

Child 2 Email: _____ **Phone #:** _____

Child 3 Name: _____ **Grade:** _____ **Birthdate:** _____

Child 3 Email: _____ **Phone #:** _____

Any medication your child(ren) need(s) to take during a GYM Sunday or Friday:

By signing this form, I hereby give my child(ren) listed above permission to participate in the Garden Church's Youth Ministry meetings and events from July 2023-June 2024. I will not hold The Garden Church, its staff, and any chaperones liable for any accident, injury, illness, death, disability, or property damage incurred by my child(ren), however occurring, that may arise while my child(ren) participates in any GYM meeting or event, including 1-day and overnight retreats. In the event of an incident occurring, I give permission for my child(ren) to receive first-aid treatment as deemed necessary by a GYM leader. In the event that further treatment is required, every effort will be made to contact the person/s listed on this form prior to administering such treatment. I acknowledge that I am aware my child(ren) will attend and participate in all GYM meetings/events that I send them to and that they are doing so with my permission.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Photo Release (for students listed above)

I hereby consent to the use of photographs/video taken during the course of my child(ren)'s participation in Garden Youth Ministry (GYM) for publicity, promotional and/or educational purposes. I do this with full knowledge and consent and waive all claims for compensation for use or for damages. Please check one option below.

<input type="checkbox"/>	Yes, I give consent to GYM to photograph or take videos of my child(ren).
<input type="checkbox"/>	No, I do not authorize GYM to photograph or take videos of my child(ren).

Parent/Guardian Signature: _____ **Date:** _____

2023-2024 GYM Parent/Guardian Contact Information

Parent/Guardian 1 Name: _____

Email: _____

Phone number: _____

Parent/Guardian 2 Name: _____

Email: _____

Phone number: _____

Additional Emergency Contact (optional):

Name: _____ Relationship to student: _____

Phone Number: _____

Ride Permission (optional):

I allow the following GYM leaders to pick up/dropoff my child(ren) for GYM meetings/events (please list the names of the GYM leaders):

OR, check this box if you allow any GYM leader to give your children rides in case of emergency/other situation ☐

(Please note that there will always be a minimum of 3 people, including the GYM leader, in any car ride, unless there is another situation that a parent is notified of and has given permission.)