

# YOUTH GROUP AGREEMENT & LIABILITY RELEASE

for The Well Church Network

*Please complete one agreement per child.*



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## CHILD INFORMATION

Name:

Date of Birth:

Allergies and/or Medical Conditions:

Emergency Contact #1:

Emergency Contact #2:

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## LIABILITY RELEASE

The undersigned does hereby give permission for my child

\_\_\_\_\_, (child's name) ("Participant"), to attend and participate in any The Well Church Network / The Well Church of Sidney youth group / youth ministry activity.

In consideration of The Well Church Network / The Well Church of Sidney allowing the Participant to participate in youth group / youth ministry activity, I, the undersigned, do hereby release, forever discharge and agree to hold harmless The Well Church Network / The Well Church of Sidney, its Pastors, Board Members, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the activities.

I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant **to participate fully in The Well Church Network children's and youth ministry activities including but not limited to Backyard Bible Club, Vacation Bible School, sport camps, youth events and outreaches, etc.** Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness including infectious disease, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** In the event my child suffers an illness or injury that requires medical attention, I give The Well Church Network / The Well Church of Sidney the

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authority to obtain whatever medical attention is deemed necessary, and release and hold harmless The Well Church Network / The Well Church of Sidney its Pastors, Board Members, directors, employees, volunteers and teachers of any liability related to obtaining that medical attention. I understand The Well Church Network / The Well Church of Sidney will make a reasonable attempt to contact me/us as soon as possible following the need for medical treatment for my child. In the event treatment is required from a physician and/or hospital personnel designated by The Well Church Network / The Well Church of Sidney, I agree to release and hold the physician and/or hospital personnel harmless from any claims, demands, or suits for damages related to their acceptance of this document as consent to provide treatment. I also acknowledge I will ultimately be responsible for the cost of any medical care.

**PHOTO USE PERMISSION:** I understand The Well Church Network / The Well Church of Sidney may take photos as a part of the event. These photos may be posted to our social media accounts, our website (thewellnetwork.church), our app, print material, etc. We will not use the last name of children featured in any postings or materials.

**Check here if you DO NOT want your child's photo used by the church in any way**

Please leave the check box above() **blank** if we may include your child in any photos!

Parent/Guardian First and Last Name (please print):

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Parent/Guardian Signature:

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Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_