

Ignite Over 18 Student Ministries Consent Form



Student's Full Name _____

2025-2026 Grade Level: 6 7 8 9 10 11 12 Sex: ____M ____F DOB: _____

Print Parent/Guardian's Name _____

Parent/Guardian's Street Address _____

Print Parent/Guardian's Email Address _____

Parent Contact Numbers: Cell _____ Home _____

Additional Emergency Contact _____ phone _____ relation _____

Medical Insurance: ____ Yes ____ No Insurance Company _____ Policy No. _____

Physician Name _____ Physician Contact Number _____

List any allergies or medical conditions that may be relevant to student's participation in activities OR to a physician in the event of an emergency: _____

Please read and check appropriate answer:

- ☐ Yes ☐ No I understand in the event of an emergency medical situation, every attempt will be made to contact my emergency contact. If they cannot be reached, I hereby give my permission for the adult in charge to secure medical treatment and/or transportation if needed.
- ☐ Yes ☐ No I understand my insurance will be used as primary coverage in the event medical treatment is needed.
- ☐ Yes ☐ No I understand all reasonable safety precautions will be taken by Garber Church and its agents during all events/activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to *not* hold Garber Church, its employees, leaders, and/or volunteers liable for damages, losses, diseases, or injuries incurred.
- ☐ Yes ☐ No I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of me during church events to be used, distributed, or shown as Garber Church sees fit.
- ☐ Yes ☐ No I hereby give permission to be transported in any vehicle designated by the adult that has been entrusted while attending and participating in events and/or activities sponsored by Garber Church.

Do not write in box below unless you are in the presence of a Notary Public.

For office/notary use only.

TO BE SIGNED BY PARTICIPANT 18 YEARS OF AGE OR OLDER: In the event that I am in need of medical assistance and am unable to authorize such assistance, I hereby authorize the Garber Methodist Church adult leader in charge of the event in which I am participating to request medical assistance on my behalf.

SIGNATURE OF PARTICIPANT

Date

DATE

Sworn to and subscribed before me this the ____ day of _____, 20____.

Notary Public My Commission Expires: (_____ SEAL)