



Trinity & University Youth
Consent Form/Liability Release



Student Name: _____ Date of Birth: ___/___/_____
Address: _____
Email Address: _____ Phone Number: ()

Emergency Contact

In the event of an emergency relating to your child, please provide information below which we can use to contact you.

Contact 1: _____
Email: _____
Phone Number: ()

Contact 2: _____
Email: _____
Phone Number: ()

Medical Information

Are there any medical conditions or allergies which we should be aware of?

I, the parent or guardian, give my child permission to attend and participate in Academy Youth Programming (confirmation, youth group, youth events or trips). I hereby release and discharge the staff and youth volunteers of Trinity and University United Methodist Churches from all claims and causes of action which may arise or be occasioned as a result of the participant's participation in youth events. I further acknowledge and understand that by participating in these events, there is a possibility of physical illness or injury and my child is assuming the risk of such illness or injury by their participation. I give permission for youth leaders to acquire medical attention for my child if it is required. I understand that payment of any medical bills will be paid by me or by my insurance company.

Parent/Guardian's Name _____ Signature _____

Date ___/___/_____

Please also complete other side →

The Academy PHOTO / VIDEO RELEASE FORM

Student Name: _____

During regularly scheduled evenings and special events, our youth programs may use photographs and videos of our students for a variety of projects and media. Because we are sensitive to the safety and privacy of your family, at no time will the names of our students accompany their photo or video image without your consent. Below is a release which allows you to indicate your preferences. Please indicate below whether the Academy youth program has permission to use photographs, images, or video of your child.

Please check one:

- I agree that photographs, images and/or video of my child may be used for any publications, including those prepared for both an internal and external audience.
- NO, I do not want my child's photograph, image or video used in any way.

Parent's Name _____ Signature _____

Date ___/___/___