

YOUTH GROUP WAIVER FORM 2019/2020

Participant Information

Name: _____ Age: _____ Birthday: _____ Phone: _____ - _____

Address _____ Email: _____

Health Card #: _____ Youth's Cell #: _____ - _____

Emergency Contact Information

Name: _____ Phone: _____ - _____

Name: _____ Phone: _____ - _____

Permission for Publicity

On occasion, Lake Park Baptist Youth Ministry takes photographs or makes an audio or video recording of children and/or adults involved in church/youth activities. I consent to the use of any such media to be used, distributed, or displayed as agents of the ministry of Lake Park Baptist Church.

I give permission (Initials): _____

I do not give permission (Initials): _____

Participant under the age of 18

By signing this waiver form, I acknowledge that the child named above is physically and mentally able to participate in youth group activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities.

I release Lake Park Baptist Church, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which I or the alternate contact cannot be reached, I authorize the adult leaders to make medical decisions for my child and to administer first aid if deemed necessary

I further agree to indemnify and hold harmless Lake Park Baptist Church and its affiliates, volunteers, and employees of any and all claims arising from my child's participation in activities or as a result of their injury or illness during such activities

I have read the Waiver Form and I am fully aware of its contents.

Signature of Adult Participant: _____ Date: _____

**Release of Liability
Participant over the age of 18**

By signing this waiver form, I acknowledge that I am physically and mentally able to participate in youth group activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities.

I release Lake Park Baptist Church, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I or the alternate contact cannot be reached, I authorize the adult leaders to make medical decisions for me and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless Lake Park Baptist Church and its affiliates, volunteers, and employees of any and all claims arising from my participation in activities or as a result of my injury or illness during such activities

I have read the Waiver Form and I am fully aware of its contents.

Signature of Adult Participant: _____ Date: _____