



Special Events Permission and Release Form

Event: _____

Date(s) Event Occurs: _____

Name of Participant _____

Date of Birth _____ Approx. Weight _____ Phone# _____

Address _____ City _____

Province _____ Postal Code _____

Medical Insurance Number _____

Emergency Contact #1 Name: _____ Phone _____

Emergency Contact #2 Name: _____ Phone _____

*Please list any medical information your youth may have or that you would require of him/her. (i.e. Prescription medications, All allergies(medicine, food, etc.), asthma, etc.)

For your information, we expect each student to adhere to these rules of conduct.

- No possession or use of alcohol, drugs, or tobacco
No students can drive to event
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
Respect of property, vehicles, staff, volunteers and each other

Students who fail to comply with these expectations may be sent home at their parents' expense. All judgments are based on Youth Leader's discretion.

I, the student, have read the rules of conduct, and agree to abide by the stated limitations noted by the legal guardian and the code of conduct above.

Student Signature _____ Date _____

I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, promotional signs, etc.) in highlighting the event. NAMES WILL NOT BE USED. Yes ___ No ___

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Faith Covenant Church(FCC), its staff, and volunteers of any liability against personal losses of named child. I/We, the undersigned, have legal custody of the student named above and have given my/our consent for him/her to attend the event being organized by FCC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we release FCC, its staff, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the event. In the case that the student is injured and requires the attention of a doctor I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Furthermore, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, by active for the student named above. I/we also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the Youth Pastor because of discipline problems with the student. I understand that promotional pictures (individual and group) have been/ will be taken during these youth events. By signing, I release FCC Staff, additional chaperones and any and all liabilities and waive all claims against them.

Parent/Guardian Signature x _____ Date _____