

# Activity / Event Permission and Media Consent Form Grace Community Church

**Name of Student:** \_\_\_\_\_ **Sex:** (circle) M / F **Age:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **2015 / 2016 Grade:** \_\_\_\_\_

**Student Cell Phone:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

*The following allergies, medications and other medical issues should be made known to Grace Leaders, volunteers, and medical treatment providers:*

\_\_\_\_\_

*\*This form will be valid until July 2017*

**Parent(s) or Legal Guardian(s):**

Name(s): \_\_\_\_\_ and \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Medical Information*

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

**Alternate contact person(s) for emergencies**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Permission/Authorization**

*I (the undersigned) am the parent or legal guardian of the above named minor. He/she has my permission to participate in official program(s) or event(s) sponsored by Grace Community Church through July 2016. I authorize all adult leaders and volunteers assisting in said activities or events to take any reasonable action to protect the safety, health and welfare of my child. In case of a medical emergency, I authorize Grace adult leaders and volunteers to administer first aid treatment to my child and, if necessary, obtain medical treatment for my child by any medical care provider. I also authorize Grace adult leaders and volunteers obtaining such medical treatment for my child to give, on my behalf, any written consent for such medical treatment that is customarily required by the medical provider, including written consent that releases the medical provider from liability.*

*I understand that my child is expected to behave in a respectful manner to other members of the group as well as any persons he/she encounters during activities/events with Grace Community Church. He/she will be expected to obey all direction given by the adult leader/volunteers. I understand that failure to do so will result in a parent/guardian being called to pick up my child from the current event.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTOGRAPH / FILM RELEASE

By allowing Grace Community Church ("Grace"), or its agents, to photograph, record and/or film your child(ren), you are granting us the right to use all or some of those photographs, recordings, films, images or likenesses in our church's promotional, marketing and overview materials, including without limitation on our website and Facebook page(s). The Grace website and Facebook page(s) are public and are accessible to users throughout the world. Your personal information will not be connected with said photos or video aside from you being "tagged" via Facebook's built in notification system.

When you sign this release, you are agreeing and acknowledging that Grace, or its agent, shall own the copyright in the photograph(s), recording(s) and/or film(s) of your child(ren) and that you and your child(ren) do not own any rights in the photograph(s), recording(s) and/or film(s), and you hereby transfer any rights you may have to us. We assume no responsibility for your decision to grant these rights. You agree and understand that we are not obliged to make use of the photograph(s), recording(s) or film(s) or exercise any of the rights granted in this Release, and that we may edit the photograph(s), recording(s) or film(s) in our sole discretion (but not for use in any obscene, scandalous, or improper manner).

You further understand that Grace is not responsible for any other party's photographs, recordings, or films of you or your child(ren), or how they are used (including being posted on the Internet on sites such as Facebook.com, etc.)

Grace Community Church may use pictures and video of my child in promotional, marketing, and overview materials. **(circle)** YES / NO

**Adult's Name:** \_\_\_\_\_

**Student's Name(s):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

*If you do not wish your student to have pictures or video of them used by Grace Community Church, please make note of that above and attach a recent picture of him/her for our reference when reviewing recent media.*

