

Moses Lake Bible Church
General Permission & Release for Youth Ministries
September 2023 - August 2024

Student's Name: _____ Date of Birth: _____ Age: _____
_____ Grade: _____ Sex: _____ Regular MLBC Attender: Yes No
Home Phone: _____ Cell Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____

Parents or Guardians Names (both parents): _____
Home Phone: _____ Work Phone(s): _____
Mother's Cell Phone: _____ Father's Cell Phone: _____
Email(s): _____

Emergency contact if parents cannot be reached:
Primary Contact: _____ Home Phone: _____
Cell Phone: _____ Relationship: _____
Secondary Contact: _____ Home Phone: _____
Cell Phone: _____ Relationship: _____

Medical Conditions:

Allergies to food or medications:

Medications:
Name: _____
Purpose: _____
Name: _____
Purpose: _____
Name: _____
Purpose: _____

Health Insurance Company: _____

Policy No.: _____ Physician's Name: _____

I do _____, do not _____ grant permission to the adult in charge to provide over the counter medication such as Tylenol/Advil/Tums, should my youth have such a need.
Please turn over and complete other side

Release/Disclaimer of Liability

I, _____, am the parent or legal guardian of _____, (the “minor”), who desires to participate in various Youth Ministries programs, events or activities (the “Activities”) operated or sponsored by the Moses Lake Bible Church (the “Church”).

I understand and acknowledge that the Church will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have investigated risks involved in the Minor’s participation in the Activities and fully understand and acknowledge that the Minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, and even death.

I request that the Church allow the minor to participate in the Activities, and in consideration thereof agree hereby to release and forever discharge the Church, its officers and directors, and its employees, agents, and any parties volunteering on behalf of the church, from all actions, causes of action, injuries, claims, damages, costs or expenses of any kind, growing out of or related to any such activities in which the minor participates. I understand that that this is a full and complete release of all injuries of the activities, regardless of the specific cause thereof.

Medical Treatment Authorization and Power of Attorney

In the event the minor suffers an injury or condition during his/her participation in the activities, which may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me and my spouse have been unsuccessful, to the extent allowed by local law, I hereby appoint Moses Lake Bible Church as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the Minor concerning his/her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation shall terminate when the agent is first able to contact me or my spouse.

Photo/Video Restriction

- I hereby **DO NOT** give permission for images (video, photo, digital) of my child, captured during youth events, to be used solely by MLBC. This does not bar you from participating in events.

Please confirm all the information contained within this form is correct then sign below.

Date: _____

Parent/Guardian Signature: _____