**The Summit Youth. Year-Long Activity Permission Slip**

The Summit Church – 2707 West Pike Road. Indiana PA. 15701

**Parental Agreement**

Length of Permission: 01/01/2020– 12/31/2020
Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone #’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Cell Phone #’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Parent(s) or Guardian(s) (if above is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission is hereby granted for the above named person to participate in the events sponsored by The Summit Church for the duration of the time listed above. Necessary transportation will be provided by The Summit Church approved drivers only. In case of accident or injury, permission is granted for medical treatment to be administered, as needed.

**Liability Release**

Furthermore, I am aware of the risks of today’s activities and release Summit Church and any and all parties involved and wave all claims that may be brought against Summit Church as a result of injury, illness, and any property loss or damage that my occur during the activities. By signing this form, I release Summit Church, and all parties affiliated, from any and all liability and acknowledge that no written or oral representations will alter this document.

I/we agree to come transport my child home if they disqualify themselves from any event. Disqualification may occur if my child commits a major violation such as inappropriate sexual conduct, possession and/or use of tobacco, alcohol, or illegal substances, or unwillingness to follow instructions of the youth leader in charge. The youth leader in charge will determine if disqualification is necessary.

Signature(s) of person (or Parents if above is a minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph, Video, and Web Release**

I hereby give permission for images of my child and their likeness, with or without name recognition, taken by video, photography, and/or a digital to be copyrighted and/or used solely for the purposes of Summit Church promotional and/or advertising material, website, and publications, whether print and/or electronic, which includes provision to include statements, such as testimonials, quotes, etc. I waive any rights of ownership or compensation thereto.

Yes / No Initial Here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_