

EPBC Children Youth Ministry Consent Form

Name of participant (First & Last Name): _____

Age: _____ Sex: *male* [] / *female* [] Birthday: ____ / ____ / _____ School Grade: _____

Medical or allergy issues? *If so, please list:* _____

Name of parent/guardian: _____

Address: _____

Contact: Phone: (____) _____ email: _____

I give permission for my child to participate in activities and ministries that take place both on and off the campus of EPBC.
In the unlikely event that my child is injured while participating in activities connected with EPBC or en route to such activities, my child and I relinquish all rights to recover damages for any injuries sustained by my child. In consideration of EPBC granting my child permission to participate in EPBC Ministry activities, I release EPBC, its employees, and volunteers from liability or injuries occurring in EPBC activities.

- **YES** [] or **NO** []—I consent for my child to be transported by an authorized vehicle to a church-sponsored event.
- **YES** [] or **NO** []—I consent for photos to be taken of my child participating in activities and used for church-related purposes.

I acknowledge that I have read and completed all the above information:

Signature of parent/guardian: _____

****This form will be good for the 2024 calendar year***

(FOR OFFICE USE ONLY)

Received by & date: ____/____/____

Notes: