

Victory Fellowship Youth Program - 2017-2018 Annual Pass

STUDENT NAME _____ STUDENT CELL PHONE _____

PARENT NAME(S) _____ PARENT EMAIL _____

PARENT CELL PHONE _____

EMERGENCY CONTACT NAME/PHONE _____

HEALTH INSURANCE CO _____ POLICY # _____

ALLERGIES _____

PRESCRIBED MEDICATIONS(name and frequency of use) _____

I hereby give permission for my child, _____ (“Participant”), to attend and participate in Victory Fellowship’s youth ministry activities during the period of SEPTEMBER 1, 2017, to SEPTEMBER 1, 2018.

LIABILITY RELEASE: In consideration of Victory Fellowship allowing the Participant to participate in youth ministry activities, I the undersigned, do hereby forever release, discharge and agree to hold harmless, to the fullest extent permitted by law, Victory Fellowship, its directors, employees, board members, volunteers and agents (collectively herein the “Church”) from any and all liability, claims, demands or causes of action, in law or in equity, arising from any conduct or activity sponsored by, associated with, or which occurs at or while traveling to or from Victory Fellowship or a Victory Fellowship-sponsored event. Such release includes, but is not limited to, claims, demands and causes of action pertaining to physical or emotional injury (including sickness or death), and damage or destruction to personal or real property. I, as the parent/legal guardian of the above- named Participant, hereby grant my permission for the Participant to participate fully in all activities sponsored by, associated with, or which occur at Victory Fellowship, and assume all risk on behalf of the Participant.

MEDICAL TREATMENT PERMISSION: I authorize an adult in whose care the Participant has been entrusted, to consent on my behalf, to emergency treatment of the Participant, including x-ray examinations, physical examinations, administering of anesthesia, medical, surgical and/or dental treatment and hospital care. I agree to be liable for all costs and expenses incurred in connection with such medical and/or dental services rendered to the Participant pursuant to this authorization, and further agree to defend, indemnify and hold harmless the Church and the adult in whose care the Participant has been entrusted, from and against any costs and expenses incurred in connection with such treatment.

EARLY RETURN HOME POLICY: Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Victory Fellowship. My child and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTO CONSENT: I allow Victory Fellowship to post pictures of my child(ren) on the church website.

Yes / No (please circle one)

Parent/Guardian Signature _____ Date _____