



EVERGREEN COVENANT CHURCH STUDENT MINISTRY ANNUAL PERMISSION & LIABILITY RELEASE AGREEMENT

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____
(child's name)("Participant"), to attend and participate in any Evergreen Covenant Church youth ministry activities,
events, retreats and childcare during the period of September 1, 2018 – August 31, 2019.

LIABILITY RELEASE: In consideration of Evergreen Covenant Church allowing the Participant to participate in youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Evergreen Covenant Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Signature of Legal Guardian: _____ Date: _____

Medical Insurance, doctor and health information:

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

Current medications taken by minor: _____

Pre-existing conditions or special needs: _____

Allergies: _____

Parent/guardian: _____ phone#: _____

Backup Contact: _____ phone#: _____

Publicity Waiver for Minors

On occasion, EVERGREEN COVENANT CHURCH takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in EVERGREEN COVENANT CHURCH publications, web page or advertising materials to let others know about our ministry.

In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features.

I consent to the use of any such audio or visual record of _____ (name of minor) or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. I hereby grant EVERGREEN COVENANT CHURCH full rights to copyright, exhibit, and publish in any medium including, but not limited to, promotion, advertising, or Internet photographs taken for the church of my child.

Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____

Return to Elise Steel

- In Person (Office or Box in Main Office - Email (elise@evergreenchurch.cc))

- Mail (PO Box 2, Mercer Island, WA 98040)

- Fax (206-232-8017)

Evergreen Covenant Church

COPY WILL BE TAKEN ON OFFSITE TRIP/EVENT

