

CHILDREN/YOUTH CHURCH ACTIVITY WAIVER

The undersigned parent/legal guardian hereby gives permission to Immanuel Baptist Church, for my child, _____, to take part in in children/youth activities sponsored by **Immanuel Baptist Church**, including, but not limited to, (children/youth Sunday School and Worship activities, Wednesday night activities, local mission activities, mission trip activities, children/youth special field trips)

Should my child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my absence, I hereby grant the Church authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances.

In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless the Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION

Signature of Parent/Guardian: _____ Date: _____

Immanuel Baptist Church
3465 Buckner Lane
Paducah, KY 42001
270-443-5306
www.ibcpaducah.org



CHILDREN/YOUTH Personal Information

Child's Name: _____ D.O.B.: _____

Home Address: _____

Child's Allergies or Special Needs: _____

Parent Contact Information

Parent/Guardian Name: _____

Telephone Numbers

Home: _____ Cell: _____ Work: _____

E-Mail: _____ Preferred Method of Contact: _____

Parent/Guardian Name: _____

Telephone Numbers

Home: _____ Cell: _____ Work: _____

E-Mail: _____ Preferred Method of Contact: _____

Emergency Contact (in addition to parent/guardian)

Name: _____ Relationship: _____

Contact Number: _____

Name: _____ Relationship: _____

Contact Number: _____

Permission for the use of Photography and Video

During events and activities at/or sponsored by Immanuel Baptist Church, I acknowledge that photos and/or videos may be taken that include my child (named above).

_____ I grant my permission for these photos/videos of my child (named above) may be used on Facebook, Instagram, Website, and/or presentations of Immanuel Baptist Church.

OR

_____ I do not give permission for photos/videos of my child (named above) to be used on Facebook, Instagram, Website, and/or presentations of Immanuel Baptist Church.

Parent/Guardian Signature: _____ Date: _____

