

**Huff's Union Church  
Annual Youth Permission/Medical Release Form**

The parent(s)/legal guardian(s) recognized that \_\_\_\_\_ (enter youth's full name)

With a birth date of \_\_\_\_\_ may participate in any and all church-sponsored activities during the church school year of 2019/2020.

**I have read, understood, and will abide by the release as printed below:**

**Parent's/ Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In case of emergency, please contact:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Alternate Contact for Emergency:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Youth's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred hospital:** \_\_\_\_\_

**Youth's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Information:** please list any pertinent health information pertaining to your child.

(i.e. severe allergies, prescription medicines) \_\_\_\_\_

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This release is executed between Huff's Union Church and the parent(s) of the youth whose name is listed below. Such release applies for any and all loss or damage, and any claim or damage resulting from any church sponsored activity in which your child is involved.

The parent(s) recognizes and affirms that youth group activities may be hazardous and include but are not limited to: hayrides, horseback riding, skiing, tubing, amusement park rides and any other activity in which the church youth may engage. The parent(s) recognizes that their youth participate in such activities at their own risk, that they voluntarily assume those risks, and that they are fully familiar with all of the inherent dangers.

By signing this form, the parent(s) also releases all youth leaders, pastors, and/or any member of Huff's Union Church from any liability whatsoever on account of first aid treatment or service rendered to their child during participation in any church youth group activity. In case of emergency, every effort will be made to contact parents. Signature on this release form hereby grants permission for my child to receive all necessary medical treatment (unless otherwise notified).

The parent(s) further states that he/she has carefully read this release and knows the contents thereof and signed this release of their own free act.

**Parent's/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth's Name** \_\_\_\_\_ **(over)**

**Huff's Union Church**  
**Annual Photo/Video Release Form**  
(Please Check all that apply)

\_\_\_\_\_ Huff's Union Church, and other organizations that we may visit, have permission to take photos or videos of my child and publicize them without using my child's name.

\_\_\_\_\_ Huff's Union Church, and other organizations that we may visit, have permission to take photos of my child and publicize them, including my child's full name, in print media (such as a local newspaper or the church's or organization's newsletter)

\_\_\_\_\_ Huff's Union Church, and other organization that we may visit, have permission to take photos or videos of my child and publicize them, including my child's full name, on a case by case basis (they ask me only if there is a photo they wish to publicize)