

# PASSION CHURCH

To grow as a healthy loving family of believers with a passion to serve our city to know and follow Jesus Christ

## PASSION CHURCH YOUTH GROUP ACTIVITY WAIVER

The undersigned parent/legal guardian hereby gives permission to Passion Church, for my child (insert child's name) \_\_\_\_\_ to take part in youth group activities at Passion Church 2624 Minnesota Ave. Billings, MT 59101 as well as the Billings Downtown Skatepark (next to Passion Church) 27<sup>th</sup> St. and 1<sup>st</sup> Ave. South Billings, MT.

\*I consent to having my child photographed & or videoed during Passion Church activities for use of Passion Church promotional material.

**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 Passion Church Youth Group activities, I agree to release and hold harmless Passion 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 Passion Church. I understand the risk of all activities that could take place at the Skatepark as well as Passion Church. Further, I agree to indemnify and hold harmless Passion 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.**

Child (ren)'s Allergies: \_\_\_\_\_

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

Name of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Telephone number(s): Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: (\_\_\_\_) \_\_\_\_\_

Special instructions or medical conditions: \_\_\_\_\_

The above signed parent or legal guardian has the following form of health/accident insurance covering the child:

Company: \_\_\_\_\_ Member Number: \_\_\_\_\_