



PARENTAL CONSENT AND MEDICAL RELEASE

YOUTH MINISTRY KICK-OFF

SUNDAY, AUGUST 25, 2019, 4-8PM

COST: \$20

Participant Name _____ Grade: 7 8 9 10 11 12 Adult

School _____

Phone _____ Email _____

I give permission for the above-named participant to participate (or I consent to participate if I'm 18+) in all activities during the AGIOS Challenge, including, but not limited to the climbing wall, mud pit, water slide and other obstacles on Sunday, August 25, 2019, 4:00-8:00pm. I further agree to indemnify and hold harmless West Shore Free Church, their employees, youth workers or agents for any injury, expenses or fees sustained related to the above-named activities.

I also give permission to WSEFC to use photographs or video taken during the event for promotional purposes such as the web site, brochures, etc.

I understand that in the event medical treatment is required, every effort will be made to contact the emergency contact listed above. However, if they cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being (or my own well-being if I'm 18+.)

THE PARTICIPANT HAS THE FOLLOWING RESTRICTIONS OR NEEDS SPECIAL ASSISTANCE:

Signature of Parent/Guardian or Participant if 18+

Date

Print Name of Parent/Guardian

Emergency Contact Name and #