

Northeast Bible Church

Parent/Guardian Consent/Liability Release Medical Release and Photo Release 2023

____ I DO HEREBY GIVE PERMISSION FOR MY CHILD TO ATTEND AND PARTICIPATE IN “**THE 2023 DECISION UNIVERSITY OUTREACH EVENTS**”, BEING PROVIDED BY LEADERS OR APPROVED REPRESENTATIVES OF NORTHEAST BIBLE CHURCH.

____ IN CASE OF AN EMERGENCY, IF THE JUDGMENT OF ANY REPRESENTATIVE OF THE NORTHEAST BIBLE CHURCH, MY CHILD SHOULD REQUIRE IMMEDIATE MEDICAL CARE AND TREATMENT AS A RESULT OF AN INJURY OR SICKNESS, I REQUEST, AUTHORIZED AND CONSENT TO SUCH CARE AND TREATMENT BEING GIVEN TO MY CHILD BY A PHYSICIAN, NURSE, CHURCH REPRESENTATIVE, HOSPITAL, OR HOSPITAL EMERGENCY ROOM. I AGREE TO ASSUME SOLE RESPONSIBILITY FOR PAYMENT OF ANY MEDICAL, DENTAL, OR OTHER EXPENSE INCURRED AS A RESULT OF SUCH SICKNESS AND/OR INJURY AND I WILL NOT HOLD THE NORTHEAST BIBLE CHURCH LIABLE FOR ANY PAYMENT, FEES, FINES OR FURTHER OBLIGATION THAT MAY BE ASSOCIATED WITH SUCH SICKNESS AND/OR INJURY.

____ I HEREBY RELEASE THE NORTHEAST BIBLE CHURCH’ LEADERS AND VOLUNTEERS FROM ALL CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF EVERY NATURE, TO THE EXTENT PERMITTED BY LAW.

____ I HEREBY RELEASE AND AGREE TO ALLOW MY CHILD TO BE PHOTOGRAPHED FOR MARKETING AND YOUTH MINISTRY PROMOTIONAL USE.

Name of Attendee: _____ Date of Birth _____

In Case of an Emergency, please contact:

Name: _____ Relationship: _____

Phone _____ Email: _____

Please List any known allergies or prescribed medications:

Parent/Guardian Signature

Printed Parent/Guardian Name

Date

Please return the completed signed form to youth@nebcfamily.org or to one of the youth directors directly no later than February 28, 2023.