Youth Permission and Medical Release Form

2017-2018 Youth Ministry

Youth Information				
Youth Name:		Male_	Female	
Age:Grade: Ho	me Phone			
Cell Phone:	Can Pr. B	Brad Text You?	Yes No	
Address:			Yo	outh
Email:				
Parent Information				
Parent/Legal Guardian:				
Address(Same as above):			
Home Phone:	Work:	Cell:		
Would you like to receive	e Pastor Brad's group texts? _	Yes No		
Parent Email:				
injury to the above name Ministry activities. If we we give permission for a or treatment and hospita emergency. It is unders or treatment. It is furth	to hold St. Philip Lutheran Ched youth arising out of or in a st., the undersigned parent/legany x-rays, examinations, and services, that may be rendestood that this consent is give er understood that I/we the ubove mentioned diagnosis, tr	any way connecte al guardian(s) can esthetic, medical of ered to said mino en in advance of a undersigned are r	ed with the Youth on not be contacte or surgical diagno or in the event of ony specific diagn desponsible for an	ed, osis an osis
	udent has permission to go of the youth ministry program a			
Parent/Legal Guardian S	ignature		Date	
Medical Problems/Allergi	es:			
Medications:				
Insurance Company:				
Policy Number:				

Picture/Video Release Form

I/we hereby grant ST. PHILIP LUTHERAN CHURCH (SPLC) and sweetjeanmedia.com (website of members Doug and Sandra Murphy) permission to use my (our) likeness(es) in photographs, video recordings or electronic images in any and all of its publications including the TV monitor, websites, any form of social media and pictorial directory entries for promotional and educational purposes only. I/we understand and agree that these materials will become the property of SPLC and/or SweetJeanMedia and will not be returned. I/we hereby authorize both entities to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs or for any other lawful purpose. In addition, I/we waive the right to inspect or approve the finished product, including written or electronic copy, wherein my/our likeness appear(s). Additionally, I/we waive any right to royalties or other compensation arising or related to the use of my/our image. I/we hereby hold harmless and release and forever discharge SPLC and/or SweetJeanMedia from all claims, demands, and causes of action which I/ourselves, my/our heirs, representatives, executors, administrators, or any other persons acting on my/our behalf or on behalf of my/our estate have or may have by reason of this authorization.

Release for Adults: I/we am/are 18 years of age and am/are competent to contract in my/our own name. If there are persons under age 18, a parent or guardian has signed below. I/we have read this release before signing below and understand the contents, meaning and impact of this release. (Signature of 18 year old) (Signature of 18 year old) (Date) (Printed Name of 18 year old) (Printed Name of 18 year old) Release for Minors: I hereby certify that I am the parent or guardian of the following people under 18 years of age and do hereby give my consent, without reservation, to the foregoing release on behalf of this (these) person (people). (Name of child) (Parent/Guardian's Signature) (Date) **Request for NO Images Published:** I do not give my permission for my child(ren), guardian(s) or my images to be used by St. Philip or SweetJeanMedia for any reason. (Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)