



Waiver & Medical Release Form for kids church and special events (February 2022- December 2022)

Name of child:				
Birthday: Day	Month	Year	Male Femal	е
Email address			Phone	
Does your child have ar	ny severe/life threate	ning allergies? (Bee s	sting, food, pencillin,othe	er drugs)
YESNO If	yes, please explain_			
Is your child bringing ar	ny medication with hir	m or her? (Antibiotics,	ventilator,retalin) YES_	NO
If yes, please explain:_				
Does your child have ar	ny physical, emotiona	al, mental or behaviou	r concern that our staff s	should be aware of?
YESNO If yes	s, please explain			
		ttending any RPC e	• •	and confirm that they do
<ul> <li>Due to COVII</li> </ul>	D 19, I understand	that RPC has imple	mented guidelines ar	nd procedures to create
a safer enviro	onment to gather. I	agree to abide by the	nese guidelines. I Ag	ree
_	_		-	ne the risk for child of
		, ,	nd attending, I agree	o release RPC of all
liadilities with	regards to my par	ticipation. <b>I Agree</b>		
Emergency Contact (in	case we can't reach	Parent/Guardian)		
Name:	Relationsl	hip	Phone	
Parent/Guardian Signa	ature	Date	Em	ail
personal injury, loss of pro	pperty, damage which n	naỳ arise from participat	elow, declare that i/we vol ion in or attendance of at t e shall arise from negligen	

personal injury, loss of property, damage which may arise from participation in or attendance of at these functions, including travel to and/or from these functions, whether such injury, loss or damage shall arise from negligence or otherwise. Richmond Pentecostal Children's ministries uphold the standard that children respect the rights and property of others. If this behaviour cannot be maintained, the organisation reserves the right to withdraw the child from the program or withhold the rights to participate in future events.

Consent form for the use of photography or video (parent and children)



Richmond Pentecostal recognise the need to ensure the welfare and safety of all young people taking part in any activity associated with our organisation.

In accordance with our child protection policy, we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children. As your child will be taking part in our Ignite (preteen night), that will take place at the church we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely that these images may be used as

- · a record of the activity or the event
- in a written evaluation report of the activity or event that will be viewed by RPC.
- publicity material for further activities or events on leaflets/websites/magazines
- · illustrations of the activities or events in published articles
- future grant applications

Richmond Pentecostal church will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform us immediately.

By signing below, I hereby give Richmond Pentecostal Church permission to take photographs and/or a video of my child.

Name of Child:			
Name of Parent/Guardian:			
Date:			
Signature of Parent/Guardian	:		