

**PERMISSION RELEASE FORM
PARTICIPANT/PARENT/GUARDIAN WAIVER AND INDEMNITY AGREEMENT**

This is to verify that _____ has my permission to attend Santa Fe Presbyterian Church activities for the 2022-2023 program year.

In consideration of your accepting my child for participation in the activities of the above mentioned group, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization. By signing below, I acknowledge and accept the risks of physical injury associated with participation in student ministry events. Except for gross negligence on the part of the sponsor, I accept personal financial responsibility for any bodily or personal injury sustained during all activities.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization for damages arising out of the activities, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney's fees. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through mutually acceptable arbitration.

I have read and understood this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

I also grant my permission for my son/daughter to receive medical treatment deemed necessary by a licensed physician.

Name of Participant: _____ Date of Birth: _____

Address: _____

Phone _____ Name of Emergency Contact: _____

Emergency Phone Numbers: _____
(day) (evening) (mobile)

Allergies: _____

Insurance Company _____ Policy # _____

Insurance Phone # _____ Contact Within _____ hours

Signature: _____ Date _____

I DO grant my permission for my son/daughter to be photographed at any said activity. I agree that Santa Fe Presbyterian Church shall have the right, but not the obligation, to use my child's photograph, likeness (including caricature), for their website and other social media at any time and for any other purpose or material the ministry deems necessary. The child's name will not be used with the photos.

Signature: _____ Date _____

I DO NOT grant my permission for Santa Fe Presbyterian Church to have the right to use my child's photograph for any purpose or material.

Signature: _____ Date _____