South Gate Alliance Permission/Waiver Form

For Emmaus Youth - Fast & Famine - March 13-14, 2026

Participant Name _____ ***Health number*** _____

Parent or legal guardian _____ ***Emergency Phone*** _____

Medical conditions or Allergies _____

Functions and Activities

Prior to my participation in the activities of South Gate Alliance (SGA), I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I or SGA may not be presently aware.

I acknowledge that SGA Youth has online activities and my child is permitted to participate in them.

Use of Videos and Photos for Media

I give permission for our youth, while under the direction/care of South Gate Alliance to have photos/videos taken, or used for record keeping, promotion, or celebratory purposes. SGA would use these photos/videos/images to record, promote, and celebrate our church ministries through various venues including, but not limited to church youth website, Instagram, and Discord, in slide shows, bulletin boards, etc. We will not knowingly post anything that would be embarrassing, objectionable, or hurtful to anyone in photo/video/image.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release SGA and its workers from any claim that my child may have or that I may have against them as a result of injury or illness incurred during participation in the activities. I further agree to hold harmless SGA and its workers from any and all claims arising from me or my child's participation in its activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of SGA to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Participant Signature _____ ***Parent Signature*** *(if under 18)* _____

Date _____