YOUTH ACTIVITIES CONSENT FORM

Name of Student _____ Birth date _____Grade_____
School_____ Student Cell#_____ Student Email _____
Name of parent(s) or guardian(s) _____
Address_____
Cell # _____Work #_____Parent Email_____
Other person and/or number to call in emergency _____

Medical Information
Are you/your youth presently being treated for an injury or sickness, or taking any medication? Yes_____ No _____
If yes, please explain:_____

Do you/your youth have, or ever had, any of the following? (Circle and explain below.)
Asthma Kidney disease Allergies (including food) Diabetes Heart Murmur Seizure disorders
Please explain. _____
_____

Blood type_____ (if known)
Do you/your youth have a physical handicap or illness that would prevent them from participating in normal rigorous activity?
Yes_____ No_____ If yes, please explain. _____

Family Doctor _____ Doctor's Telephone (_____) _____
Insurance Co. _____ Policy No. _____

Consent and Certification
I, the undersigned, being the participant or parent/legal guardian of the person named above, do hereby consent to their participation in all the scheduled activities of Antioch Christian Church (ACC), and any other supervised activities customarily associated with ACC, including youth conferences, mission trips, and overnight or weekend youth trips. Further, I certify the above-named person is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify ACC in writing.

Although the church desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks/dangers involved with participation in off-site trips and their associated activities. In consideration of the above person being allowed to participate in this event, I assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Antioch Christian Church, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the church, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force. **Note to Parent**: If giving consent for one activity only, or if this consent is otherwise restricted, please specify: _____

Medical Treatment Authorization
I understand that I will be notified in the case of a medical emergency. However, if I cannot be reached, I authorize a doctor to be called and to provide necessary medical services if the person named above is injured or becomes ill. I authorize the ACC staff member, representative, or adult chaperone designated by the pastor to make emergency medical care decisions on behalf of the person named above, if required by law or a health care provider. I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

I understand that ACC will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify ACC in writing of any health changes that would restrict their participation in any normal youth activities. I also understand that the ACC leader and designated adult chaperone, or representative, reserves the right to restrict them from any activity that they do not feel is within their physical capabilities.

Photo, Video, and Media Release Form
I hereby grant [Church Name], its staff, and authorized volunteers the absolute right and permission to take photographs, video recordings, and audio recordings of my child(ren) named above during church-related services, youth group meetings, trips, and activities. I agree that Antioch Christian Church may use these candid images and recordings for non-commercial ministry storytelling, community outreach, and promotional purposes. This includes, but is not limited to: official church website and official social media platforms (e.g., Facebook, Instagram, YouTube, etc.)

_____ _____
Signature of Parent or Guardian **Date**