



# Grove Church

## Xperience Youth Event Release Form

This form must be filled out completely prior to leaving your child at the Grove Church More Life Youth Conference.

### Child's Emergency Contact and Medical Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Parent's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact: \_\_\_\_\_ Secondary Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies/Special Health Considerations: \_\_\_\_\_

### RELEASE OF LIABILITY

I understand that the risk of injury is inherent in any activity physical in nature. I, hereby consent to my child's presence at the More Life Conference, sponsored by Grove Baptist Church. I do, hereby, for myself, my child, heirs and executors forever waive and release Grove Baptist Church, its employees and agents from any and all claims, actions, demands, rights and damages of any nature whatsoever, that I or my child may have at any time against Grove Baptist Church, its directors, officers, employees and volunteers.

It is hereby understood that Grove Baptist Church is not responsible in any way for damage or loss of any personal property which the child or parent/guardian brings onto the premises of Grove Baptist Church or the Family Life Center.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

### AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I, the undersigned, parent/guardian of the above named person, a minor, do hereby authorize Grove Baptist Church as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical practice Act on the medical staff of any accredited hospital, where such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I further agree to be responsible for all costs associated with any treatment provided in compliance or attempted compliance in good faith with this consent.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Activity:



# Grove Church Xperience Youth Event Photo Release Form for Minors

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,  
grant Grove Baptist Church my permission to use my or my child's photograph publically to  
promote the More Life Youth Conference. I understand that the images may be used in print  
publications, online publications, presentations, websites, and social media. I also understand  
that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_