

Youth Medical/Media Release Form

Youth Member Last Name

First Name

MI

Date of Birth

Youth Member Address/City/State/Zip

Youth Member Cell #

School

Grade

Youth Member E-Mail Address

Please check all that apply:

- The undersigned hereby give permission for my/our child, _____, to attend and participate in the activities sponsored by True Life Church, Round Rock.
- In the event of an emergency, I/We authorize Pastoral staff or a designated adult youth leader to consent to any medical care or treatment to be rendered to the minor under the direction of a licensed physician or dentist at a clinic or hospital. I/We agree to be responsible for all cost and expenses incurred in connection with medical or dental services rendered to the minor. An attempt will be made to contact the parent.
- I/We give permission for my/our minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted for the activity sponsored by True Life Church, Round Rock. The driver must be over the age of 21 years old. There must be only one person, per seatbelt. Each vehicle will have minimum insurance coverage required by Texas law.
- I/We authorize True Life Church, Round Rock to publish the photographs and videos taken of the above mentioned minor for use in True Life Church, Round Rock's printed publications, website and training purposes. I/We release True Life Church, Round Rock from any expectation of confidentiality for the above mentioned minor and attest that I/we are the parent(s) or legal guardian of the minor listed above and that I/We have the authority to authorize True Life Church, Round Rock to use their photographs, videos and names. I/We acknowledge that since participation in publications and websites produced by True Life Church, Round Rock is voluntary, neither the minor nor I/we will receive financial compensation. I/We further agree that participation in any publication and website produced by True Life Church, Round Rock confers no rights of ownership whatsoever. I/We release True Life Church, Round Rock, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the above mentioned minor.

Parent Name

Home #

Cell #

E-Mail

Parent Name

Home #

Cell #

E-Mail

Insurance Company

Policy #

Physician's Name

Physician's phone #

In Case of Emergency, please contact

Name

Relationship

Phone #

Please list any allergies, special medical/physical needs, or medication your child might have:

Parent/Guardian signature

Date