**ClearView Youth Ministry**

##### PARENT LIABILITY RELEASE AND PERMISSION STATEMENT

I understand that in the event of a medical emergency and intervention is needed, every attempt will be made to contact immediately the persons listed on the form. In the event I/they cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by *ClearView Christian Reformed Church* and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the above referenced church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand from time to time *ClearView Church* may take photographs of its program participants to help build awareness about the program and display in the church. I consent to the taking and use of such items in whatever context and circumstances *ClearView Church* deems appropriate.

Yes \_\_\_ No \_\_\_ Initials \_\_\_

I also give permission for my son/daughter to be transported in the vehicles operated by the members of *ClearView Church;* the youth director, or designated leaders, volunteers or chaperons for taking part in meetings or special activities involving the youth groups.

Yes \_\_\_No \_\_\_Initials\_\_\_

I give permission for youth ministry leaders to communicate with my son/daughter using texting, Facebook, email, and other social media. I understand that I may request access to the social media sites, texting and any other electronic communication at any time.

Yes \_\_\_ No \_\_\_Initials\_\_\_

I have the authority and give permission for the child listed on this form to attend the events of *ClearView Christian Reformed Church* Youth Program from September 1, 2018 through August 31, 2019

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Participant’s name Date

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Signature of Parent/Guardian of Minor Date