



Beulah Church
7561 Mobile Hwy
Pensacola, FL 32526

LIABILITY RELEASE AND CONSENT FORM
(Complete 1 form per student)

PARTICIPANT'S NAME _____ DOB _____

ADDRESS _____

PHONE _____ SCHOOL _____ GRADE _____

PARENT(S)/GUARDIAN NAME(S) _____

EMAIL _____ HOME PHONE _____

CELL PHONE(S)/WORK# _____

PARTICIPANT'S SHIRT SIZE: **YOUTH- S M L XL ADULT- S M L XL**

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child(ren):

("Participant"), to attend and participate in **all Beulah YOUTH MINISTRY EVENTS** sponsored by the **Beulah Church (BeulahTeens Ministry)** through the end of their senior year in high school.

LIABILITY RELEASE: In consideration of **Beulah Church (BeulahTeens Ministry)** allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Beulah Church (BeulahTeens Ministry)**, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.



MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by **Beulah Church (BeulahTeens Ministry)**. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Medical Insurance: YES ___ NO ___ Insurance Company: _____

Policy/Group ID#: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Allergies or Medical Conditions:

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the statements above (Liability Release, Medical Treatment Permission, Early Return Home Policy, Transportation Permission). The Participant (or parent/guardian if participant is a minor) certifies that all the information provided to Beulah Church (BeulahTeens Student Ministry) is to the best of his/her knowledge true, correct and complete.

Parent/Guardian Signature _____ Date _____



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Photo Release Form

During Beulah Church and BeulahTeens events, the staff will often take photos and/or videos of many of the participants during worship, mission work, recreational times, etc. These photos and/or videos could be used in future publications, multimedia presentations, Beulah Church website or Facebook page, or BeulahTeens Facebook and/or Instagram page only for the purpose of communicating about ministry opportunities and helping to capture the spirit of the event/mission.

Please sign below and indicate whether you/your family are giving Beulah Church permission to include your child in such photos strictly for the purposes stated above.

Please check one of the boxes below to indicate if Beulah Church and it's ministries has permission to use pictures of your family/youth.

- Do not use any picture and/or video of my family/youth
- I give permission for Beulah Church and its ministries to use my family's/youth's picture(s) and/or video for the above intended use.

Name of Youth/Child (under the age of 18 years): _____

Participating Youth's Signature: _____ Date: _____

Name of Parent/Guardian of Youth Participant: _____

Parent/Guardian Signature: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by (name of person making statement).

(Signature of Notary Public-State of Florida)

(NOTARY SEAL) (Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____