Orange Grove Missionary Baptist Church

Youth Ministry Permission Form

Date:

Youth Name (Please print):

I, (parent/guardian) ______, hereby give my child permission to travel with ______ on _____, leaving from Orange Grove Missionary Baptist Church at 505 East End Avenue, Durham, NC.

In consideration of the Orange Grove sponsored activities, I hereby release and discharge Orange Grove, its Youth Ministry and volunteers from any and all claims, demands, and liability whatsoever, including without limitation, loss or damage to personal property, personal injury, pain and suffering, and the consequences thereof which may hereafter be sustained as a result of the sponsored activities. Further, for the additional consideration of accepting my child, I shall hold harmless Orange Grove, its Youth Ministry and volunteers from any and all claims and demands from third parties resulting from negligence of my child.

I understand that in an effort to provide the best possible atmosphere throughout this event, kids are expected to cooperate with all advisors at all times. In addition, the possession of and/or use of alcoholic beverages and/or any type of illegal drugs are strictly prohibited. If my child fails to adhere to these guidelines, I authorize the persons in charge of the event to take such action as they deem necessary and appropriate which may include immediate return home at the Parent/Guardian's expense.

| Parent/Guardian's signature | Date |
|-----------------------------|------------------|
| Youth signature | Date |
| | |
| Home Address: | |
| Home Phone: | Cell Phone: |
| Emergency Contact: | Emergency Phone: |
| Please list any allergies: | |



I hereby grant the following rights and permissions to Orange Grove Missionary Baptist Church his/her heirs, legal representatives, and assigns those for whom the company is acting, and those acting with his/her authority and permission. They have the irrevocable, perpetual, and unrestricted right and permission to take, use, re-use, publish, and republish photographs, videos, and audio of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his/her studios or elsewhere, and in any media now or hereafter known, specifically including but not limited to print media and distribution over the internet for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever.

I specifically consent to the digital compositing or distortion of the photographs, videos, and audio, including without restriction any changes or alterations as to color, size, shape, perspective, context, foreground, or background. I also consent to the use of any published matter in conjunction with such photographs.

I hereby waive any right that I or the minor may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection with them or the use to which they may be applied.

I hereby release, discharge, and agree to hold harmless Orange Grove Missionary Baptist Church his/her heirs, legal representatives, and assigns. All persons acting under his/her permission or authority or those for whom he/she is acting, from any liability by any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of such photographs, videos, and audio or any subsequent processing of them, as well as any publication of them, including without limitation any claims for libel or violation of any right of publicity or privacy.

I hereby warrant that I am a legally competent adult and a parent or legally appointed guardian of the minor.

I have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement before its execution and that I am fully familiar with the contents of it. This release shall bind the minor and me and our respective heirs, legal representatives, and assigns.

Parent/Guardian Signature

Date

Family Life Coordinator

Release of All Claims



In consideration for being accepted by Orange Grove Missionary Baptist Church, Durham, North Carolina for participation in the Youth Ministry Activities.

We (I) being 21 years of age or older, do for ourselves (myself) an for and on behalf of my youth participant if said youth is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Orange Grove Missionary Baptist Church, Durham, North Carolina and the liability claims of demands for personal, injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be appropriated by the undersigned and the youth participant that occur while said youth is participating in the above described trip of activity.

Furthermore, authorization and permission are hereby given to said church to furnish any necessary transportation, food, and lodging for participants. This release does not release any automobile liability insurance carrier, to the extent of any policy limits as provided under said policy. The intent of this agreement is to release the church and any individual(s) on this trip from any liability in excess of said automobile policy limits. The undersigned further hereby agree t hold harmless and reimburse the Orange Grove Missionary Baptist Church, its' Professional Staff, and Adult Chaperones for any liability sustained by church as the result of the negligent willful or intentional acts of said participants, including expenses appropriated accompanying thereto. We (I) are (am) the parent(s) or legal guardian(s) of this participant and hereby grant our (my) permission fully in said trip.

Medical

We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby give our permission to take the said participant to any licensed physician, or licensed dentist, who is licensed under the Medical Practice Act on the medical staff or licensed hospital or clinic, whether such care or treatment is rendered at the office said physician or said hospital.

We (I) do hereby authorize medical treatment, including but not in limitation to emergency surgery or medical, X-ray, anesthetic, dental treatment and assume the responsibility of all medical bills, if any.

We hereby release the church, staff, and adult chaperones from any and all liability resulting from taking the participant for treatment as herein authorized and hold them harmless from any and all liabilities and expenses gained as result. Further, should it become necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we (I) hereby assume transportation cost.

Youth Participant Name

Parent/Guardian Signature

Date

Must be Updated Annually or If Changes Occur

| Youth Name | | | | |
|---|---|---------------------|--------|--|
| Birthdate | | | | |
| Street Address | | | | |
| City/State/Zip | | | | |
| Parent/Guardian Inf | formation | | | |
| Parent/Guardian Nam | e | | | |
| Phone Numbers | Home | Office | Mobile | |
| Email Address | | | | |
| Emergency Contact | Information | | | |
| Name | | | | |
| Phone Numbers | Home | Office | Mobile | |
| Relationship(s) of em | ergency contact to | participant | | |
| | | | | |
| Medical Information | 1 | | | |
| Medical Information Hospital Insurance Co | | | | |
| | ompany | | | |
| Hospital Insurance Co | ompany | | | |
| Hospital Insurance Co Policy Number & Pla | ompany n | | | |
| Hospital Insurance Co Policy Number & Pla Physician's Name | ompany n mmunization | | | |
| Hospital Insurance Co Policy Number & Pla Physician's Name Date of last Tetanus I | ompany n mmunization | | | |
| Hospital Insurance Co Policy Number & Pla Physician's Name Date of last Tetanus I | ompany n mmunization | | | |
| Hospital Insurance Co Policy Number & Pla Physician's Name Date of last Tetanus I | ompany n mmunization presently taking: | d/or foods: | | |
| Hospital Insurance Co Policy Number & Pla Physician's Name Date of last Tetanus I List any medication p | ompany n mmunization presently taking: | d/or foods: | | |
| Hospital Insurance Co Policy Number & Pla Physician's Name Date of last Tetanus I List any medication p | ompany n mmunization presently taking: | d/or foods: | | |

Parent/Guardian Signature

Date

Orange Grove Missionary Baptist Church 505 East End Avenue Durham, North Carolina 27707 Dr. H. L. Dickerson, Pastor

