

GENERAL PERMISSION SLIP (2021-2022)



RESTORATION *YTH*

Student's Name (Please Print) : _____ Grade _____ Gender (Circle): M or F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

GENERAL RELEASE HOLD HARMLESS AGREEMENT

The undersigned or a member of the immediate family of the undersigned desires to participate in various programs, events, or activities operated or sponsored by the Restoration Church.

The undersigned or a member of the immediate family of the undersigned further understands and acknowledges that the undersigned or a member of the immediate family of the undersigned may incur personal injury or bodily damage while participating in such activities.

The undersigned or a member of the immediate family of the undersigned further understands and acknowledges that the Church (Restoration Church) will not allow the undersigned or a member of the immediate family of the undersigned to participate in such activities without releasing and holding harmless the Church (RC).

Further, the undersigned or a member of the immediate family of the undersigned requests that the Church (RC) activities in consideration thereof agree to hereby release, and forever discharge the Church (RC), their officers, and their directors, and their employees, their agents, and any parties volunteering on behalf of the Church (RC) from all actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to any activity of the Church (RC) in which the undersigned participates.

The undersigned or a member of the immediate family of the undersigned further acknowledges that this is a full and complete release for all injuries and damages which the undersigned or a member of the immediate family of the undersigned may sustain because of the undersigned's or a member of the immediate family of the undersigned's participating in any Church (RC) program.

Print Name: _____ **Relation to Participant:** _____

(Participant's legal guardian if participant is under the age of 18.)

Signature: _____ **Date:** _____

(See back for additional consent.)

MEDICAL RELEASE

Please Print:

I, _____ being the legal guardian of _____, give my permission for him/her to go on field trip/activities under the direction of Restoration Church. The undersigned, being a parent and/or legal guardian of the above minor, does hereby authorize the treatment of the above minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the above event(s), including transportation to and from the event site. This authority is granted only after a reasonable attempt has been made to contact me (the undersigned legal guardian).

Specific Medical Allergies or other conditions: _____

Food Allergies: _____

Signature: _____ **Date:** _____

MEDIA CONSENT/RELEASE

I, the legal parent/guardian of _____, hereby authorize and consent to the use of images or videos of my child/children listed above, with or without their name (s), by **[RESTORATION CHURCH]** of **[SAN ANTONIO, TX]** for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources.

I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release **[RESTORATION CHURCH]**, its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

Printed Name: _____

Signature: _____ **Date:** _____