

Youth's Name: _____ Grade: _____

I (We) give permission for my child to participate in the youth group activities of the Chinese Bible Church of Greater Boston, MA, both on and off the church premises. I understand that every effort will be made to insure the safety of my child, and I will discuss the importance of obeying the rules and regulations with my child. I recognize the inherent risk of injury there can be in all activities. I understand that each youth must assume the risk that could result from these activities. I hereby release, discharge, and save harmless the Chinese Bible Church of Greater Boston, youth counselors, and other staff, from any liability, claims, demands, legal suits, or causes of action arising out of, or in any way connected with my (or my child's) participation in the youth activities, and further indemnify them for any losses resulting from any suit brought in my name or on my behalf. This release covers transportation provided by the church, its staff, volunteers, and counselors who are properly licensed to drive. I understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the counselors and staff to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I also understand that all accidents and medical expenses that may incur are solely the responsibility of the individual child's family. This liability form will remain in effect as long as my child is a participant in the youth ministry at the Chinese Bible Church of Greater Boston or the youth reaches adulthood at 18.

PLEASE INITIAL ONE OF THE FOLLOWING TWO OPTIONS:

_____ I give permission for my son/daughter to be represented in pictures/videos and slideshows without mention of full names on CBCGB & youth websites, social media, bulletin boards, updates, printed material, etc.

OR

_____ OPT OUT: Please DO NOT publish or post my son/daughter's images in related website, social media, or printed material.

I have read and consent to the information above.

Parent/Guardian's Signature: _____

Printed Name: _____

Date: _____

IN CASE OF EMERGENCY & FOR COMMUNICATIONS:

Mom's Name: _____ Cell: _____

Mom's Email: _____

Dad's Name: _____ Cell: _____

Dad's Email: _____

Student Allergies/Medications: _____

Health Insurance Company: _____

Health Group: _____ Policy #: _____