

# **YOUTH MINISTRIES RELEASE FORM**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Grade in school \_\_\_\_\_

Name of Parent/ Guardian \_\_\_\_\_

Address(if other than above)

\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Doctor \_\_\_\_\_

I give permission for the minor in my custody to participate in the planned activity and hereby waive and release any and all claims or rights to claim for damages in our behalf against the Free Methodist Church of Santa Barbara and youth leaders, their representatives and assignees, for any and all injuries which may occur to my son or daughter.

\_\_\_\_\_

(Signature of Parent/Guardian)

Date \_\_\_\_\_