

**2018 LAKESIDE PRESBYTERIAN CHURCH  
PERMISSION, RELEASE, AND CONSENT FORM  
STUDENT**

**DATE OF EVENT:**

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**CHURCH NAME:**

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**YOUTH PASTOR/GROUP LEADER:**

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**STUDENT NAME:**

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**ADDRESS:**

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**HOME PHONE:**

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**DATE OF BIRTH:**

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**GRADE AS OF FALL 2017**

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I hereby give my permission for myself and/or my child to participate in activities organized by Lakeside Presbyterian Church and its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, and licensees. I hereby release, hold harmless, and absolve Lakeside Presbyterian Church, its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation, and/or implementation of the conference, individually and collectively, from and against any and all responsibility, all claims, and all liability for any illness, injury, damage, misadventure, harm, loss, or inconvenience of any kind suffered or sustained as a result of or in any way relating to participation in the conference. I understand that in the event I or my child requires medical treatment while participating in the conference, reasonable efforts will be made to contact my emergency contacts designated herein below; however, I hereby consent and give my permission to the Lakeside Presbyterian Church staff or any person acting on behalf of Lakeside Presbyterian Church with respect to the conference, to consent to any X-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my and/or my child's medical allergies and medications currently prescribed or being taken, medical problems, and other pertinent information (attach additional sheets, if necessary).

I hereby further authorize and agree for Lakeside Presbyterian Church to record and photograph (on film, tape, digital, electronic, or otherwise) me and/or my child and to record his or her voice during his or her participation in the conference. I hereby further authorize and agree to Lakeside Presbyterian Church unrestricted use, reuse, and distribution of said images and recordings, in whole or in part, whether in the original or modified form in any manner of media, including but without limitation to for purposes of advertising, promoting, and publicizing the conference, whether during the conference or at any time thereafter, in the sole and absolute discretion of Lakeside

Presbyterian Church, both in the United States and internationally. I expressly and irrevocably waive any and all rights I might otherwise have now or in the future to any related privacy or intellectual property rights, proceeds, benefits, or similar claims of any kind.

I hereby release and discharge Lakeside Presbyterian Church (as defined herein above), its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation, and/or implementation of the conference, individually and collectively, from and against any and all claims, demands, or causes of action that I may now or hereafter have in connection with or in any way relating to the use and exercise of the rights granted in this release and consent.

**ALL ALLERGIES OR MEDICAL PROBLEMS, IF APPLICABLE:**

\_\_\_\_\_  
**NAME OF INSURANCE COMPANY:**

\_\_\_\_\_  
**GROUP NAME:**

\_\_\_\_\_  
**NAME OF INSURER:**

\_\_\_\_\_  
**POLICY NUMBER:**

\_\_\_\_\_  
**GROUP/SUBSCRIBER NUMBER:**

\_\_\_\_\_  
**DATE EFFECTIVE:**

\_\_\_\_\_  
**INSURANCE CO. CLAIM ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_  
**EMERGENCY CONTACT PERSON:**

\_\_\_\_\_  
**EMERGENCY DAY AND EVENING NUMBER(S):**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN:**

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**SIGNATURE OF PARTICIPATING STUDENT:**

\_\_\_\_\_  
**DATE:**

\*Please add photos copy of insurance card\*