

## **2024 COVENANT GRACE 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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CELL PHONE:

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DATE OF BIRTH:

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GRADE AS OF FALL 2024

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The following waiver covers the Covenant Grace all conferences, events, and or activities in the 2024 calendar year. I hereby give my permission for myself and/or my child to participate in activities organized by

Covenant Grace Church and its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, and licensees. I hereby release, hold harmless, and absolve Covenant Grace 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 Covenant Grace Church staff or any person acting on behalf of Covenant Grace 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 Covenant Grace 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 any events/activities. I hereby further authorize and agree to Covenant Grace 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 Covenant Grace 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 Covenant Grace 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, DIETARY, 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\*