

**Central States Conference Youth Ministries
Consent and Release Form**

Participant Information

Child's Name _____

Child's Cell Phone Number () _____

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Age _____ Grade _____ Gender _____

List any allergies, food allergies, medical conditions or specific needs _____

Parent/Guardian Information

Parent/Guardian (1) Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian (2) Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Information

(Our first call will be to parent / guardian. This is an additional contact.)

Name _____

Primary Phone Number _____ Secondary Phone Number _____

Consent and Release for Medical Treatment

The above named participant has my permission to travel with Central States Conference Youth Ministries to Oakwood Live and participate in the sponsored activities. I acknowledge that some activities may be hazardous, and I release the Central States Conference, its officers, staff, chaperones, and volunteers from any liability for injury of the named participant. In case of emergency, the staff, chaperone, or volunteers have my permission to call an ambulance or take my child to a physician at my expense.

Consent and Release for Media

I grant to Central States Conference the right to take photographs and videos of my child in connection with Oakwood Live. I authorize Central States Conference, its assigns, and transferees to copyright, use and publish the same in print and/or electronically for lawful purposes. I agree that Central States Conference may use such photographs and videos of my child for any lawful purpose, including publicity, illustration, advertising, and Web content.

Parent/Guardian Signature

Parent/Guardian Print

Date