Hillsdale UB CHURCH

Multiple Event Permission; Release, Waiver of Liability, and Indemnity Agreement; Emergency Medical/Contact Information for Youth Activities; and Photo Release

Student Name: _____
(First) (Last

Birth Date: _____
(DD/MM/YYYY)

Address: _____
(Street) (City) (State) (Zip)

Student Phone Number (if applicable): _____ Grade _____

Parent/Legal Guardian 1:

_____

Parent/Legal Guardian 2:

_____

Parent/Legal Guardian 1:

Work Phone: _____

Cell Phone: _____

Email: _____

Parent/Legal Guardian 2:

Work Phone_____

Cell Phone: _____

Email: _____

In Case of Emergency Contact if unable to contact Parent/Legal Guardian:

1) Name: _____ Daytime phone: _____

Relationship: _____ Evening phone: _____

2) Name: _____ Daytime phone: _____

Relationship: _____ Evening phone: _____

Name and phone number of primary care physician:

_____

Below is a list of pre-approved medicine which includes but is not limited to Motrin, Advil, Tylenol.

_____

_____

Multiple Event Permission to Participate

I/we give permission for _____ (student name) to participate in the events of Hillsdale United Brethren Church for the 2025-2026 school year. I/we understand these events are on and off the premises of Hillsdale United Brethren Church and are supervised by the church's employees and volunteers.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us. I/we also understand that additional information about each event will be given as the event approaches and retain the right to permit or prevent my child from attending in a written and signed notice before the activity or event occurs.

_____

Parent/Legal Guardian

Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (student name) to participate in the activities of Hillsdale United Brethren Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our student to participate in the activities and events, I/we release Hillsdale United Brethren Church, its employees, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our student arising from my/our student's participation in the activities of Hillsdale United Brethren Church; and I/we agree to indemnify and hold forever harmless the Hillsdale United Brethren Church, its employees and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our student arising from activities on or off the premises of Hillsdale United Brethren Church or resulting from traveling to or from the activities of Hillsdale United Brethren Church, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my responsibility to update my/our student's medical and insurance information as changes occur.

_____

Parent/Legal Guardian

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s)/legal guardian(s) of _____ (student name), I/we give permission for Hillsdale United Brethren Church, its employees and volunteers to obtain urgent or emergency medical care for my/our student, and authorize health care providers to render such care as may be necessary and agree to be financially responsible for such care. It is also understood that reasonable efforts will be made to contact me/us prior to obtaining such care.

_____
Parent/Legal Guardian

Medical Insurance Company: _____
Policy/Group Number: _____
Participant I.D. Number: _____
Medical Insurance Phone Number: _____

Allergies (including any medications) / Special Health Concerns:

_____

_____

Photo Release Form

I/we, _____ (parent/legal guardian), hereby authorize Hillsdale United Brethren Church permission to use photographs, other means of drawn or digital likenesses, and video/moving images of _____ (student name) in any and all of its publications, including but not limited to, social media, website, videos, newsletters, etc., without payment or any further consideration.

I/we understand and agree that these materials will become the property of Hillsdale United Brethren Church and will be used to promote youth events and other church-related activities. I/we also consent to the editing, altering, copying, publishing, and distributing of these images for the express purpose of publicizing events and youth activities and for any other lawful purpose. In addition, I/we waive the right to inspect or approve the finished product, including written or electronic copies, wherein my student appears.

I/we reserve the right to reverse this permission for future usage at any time but recognize that I/we cannot revoke said permission from any materials already published or in circulation.

I/we have read this release before signing and have fully understood the contents, meaning, and impact of this release.

_____ _____

(Signature of Parent/Legal Guardian (Date)

_____

(Printed Name of Parent/Legal Guardian)

_____

(Student's Printed Name)

If the parent/legal guardian has any concerns or questions regarding the type of pictures and video taken or the forms of publication, please address all questions to Vince Paternite, Youth and Worship Director, at vince@hillsdaleub.org or the office at 517.437.2151, ext. 108.