**Venture Church Student Ministries**

**2018 / 2019 Parental Consent Form**

Student’s Name Home Phone

Student’s Cell: Mother’s Cell: Father’s Cell:

Mother’s Name: Father’s Name:

Address City & State Zip

E-mail Birth date Graduation Year Sex \_\_\_\_\_\_\_

Are there any medical restrictions or allergies? If yes, explain and indicate nature & extent:

I, (parent/guardian) hereby acknowledge that it is my desire for my child to participate in (any or all) **EVENTS FROM 6/1/2018 to 6/30/2019** with VENTURE CHURCH, including all activities on and away from the church premises as well as transportation, which is by bus, private vehicle or public transportation of all forms, of which I approve of and authorize as the mode of transporting my child for the above referenced event. I hereby authorize the officials in charge of said program to administer what medical measures that they may deem necessary for my child's safety and health.

As lawful consideration for permitting (my child) to participate in (any or all) **EVENTS FROM 6/1/18 to 6/30/19,** including all activities, all transportation to and from such activities, I hereby release and discharge VENTURE CHURCH, its officers, employees, agents and Board of Elders from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Elders, before or during my child's participation in such church sponsored activities on and/or away from the church premises, including transportation to and from such activities. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and an assumption of risks, and sign it of my own free will.

This consent and Release from Liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of VENTURE CHURCH.

I understand, that in the event my child behaves in a manner deemed unacceptable by an adult leader, I will pickup or make arrangements for pickup, of my child at my own expense.

I am, (child's name) voluntarily participating in (any or all) **EVENTS FROM 6/01/2018-6/30/2019,** including all activities, all transportation to and from said activity, with full knowledge of the dangers involved and hereby agree to accept any and all risks of injury as a result of such participation and transportation and release the officials in charge of said program to administer and obtain for me what medical measures they may deem necessary for me.

Photography Release

I hereby give my permission for Venture Church to use my child's likeness in print, video, or on the Venture website and social media.

Executed this day of , 20

Parent/Guardian Signature Student Signature

Insurance Company/Policy Number Name of Family Doctor Doctor's Phone Number

Emergency Contact/Phone Number 2nd Emergency Contact/Phone Number e-mail Contact



P.O. Box 11 Beaumont, CA 92223; (951) 544-0883 • **www.venturelife.org**