



SPOUT CHILDREN'S MINISTRY

OF WHITEWATER CROSSING

Parental Consent Form

(Please Print Clearly)

Student(s) Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Day Phone# _____ Evening Phone # _____ Cell Phone # _____

Health Insurance Company _____ Policy # _____

Alternate person to notify in case of an emergency:

Name _____ Relationship _____ Phone# _____

EVENT/ACTIVITY:

Dates:

I, the parent or legal guardian of the student(s) listed, certify that he/she has my full approval to participate in the activity/events listed above. The student(s) identified on this form understands that he/she is expected to abide by Spout Ministry of Whitewater Crossing Christian Church expectations and applicable rules and policies of the hosting organization(s)/facility(s).

Further, I do release and hereby agree to hold blameless Whitewater Crossing Christian Church, Spout Ministry, and the hosting organization or facility and all employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family, by reason of participation in the above stated event/activity and any activities associated with stated event/activity. I also release the owner or lesser of properties (facilities) on which the event/activity is held.

Further, I do authorize the sponsoring Whitewater Crossing Christian Church and the Spout Ministry leaders, in the event I cannot be reached by phone, to give consent for a physician and /or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume full financial responsibility for all expenses that may be incurred for said emergency treatment. Further, I do certify that said student is covered by adequate accident insurance.

Further, I give Whitewater Crossing Christian Church and the Spout Ministry and the hosting organization(s) permission to use photos and video taken during this event/activity for promotional reasons.

My consent and signature is given below. I have read and agree to the information given in this entire form

(Signature of Parent/Legal Guardian)

(Date)