



# Youth Ministry Waiver & Parental Consent Form

## Parent/Guardian Consent for Participation and Transportation

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, (hereafter referred to as “my child”), give permission for my child to participate in all regular youth activities organized by **South Calgary Community Church (SCCC)**. These activities may take place **on church property** or **off-site** at various locations such as parks, restaurants, malls, or other venues as determined by the youth leaders.

## Acknowledgement of Risk

I understand that reasonable precautions will be taken by SCCC staff and volunteers to ensure the safety and well-being of all participants. However, I acknowledge that participation in group activities and transportation involves some degree of risk, including but not limited to travel, physical activities, and interaction with others.

## Transportation Permission

I grant permission for my child to be transported by SCCC-approved volunteers or staff in private or rented vehicles for the purpose of attending or returning from youth activities, events, or outings.

## Medical Treatment Authorization

In the event of a medical emergency and if I cannot be reached, I authorize the youth leaders, staff, or adult volunteers to obtain any emergency medical care deemed necessary for my child. I agree to assume all costs associated with such care.



## Release of Liability

I release and hold harmless South Calgary Community Church, its pastors, staff, volunteers, and representatives from any liability, claims, or demands for personal injury, illness, or property damage that may arise from participation in youth activities or transportation, except in cases of gross negligence or intentional misconduct.

## Photo/Video Consent

☐ I give permission for my child's photo/video to be taken during youth activities for church-related purposes (social media, newsletters, etc.).

☐ I do **not** give permission for photo/video use.

## Parent/Guardian Information

**Parent/Guardian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

**Phone Number** ( \_\_\_\_ ) \_\_\_\_\_

**Email Address** \_\_\_\_\_

## Youth Information

**Youth Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

## Allergies or Medical Conditions

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Please, submit this form to Pastor Russ at [russ@southcalgary.church](mailto:russ@southcalgary.church).