

**Leftover Lock-in  
One Love Youth Ministry  
11//29/19 - 11/30/19  
PARENTAL RELEASE FORM**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any special medical conditions **including food allergies**:

\_\_\_\_\_

**Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services. In the event my child is injured or becomes ill, I authorize any one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.

**In case of Emergency when parent/guardian cannot be reached:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Assumption of Risk and Release**

I, the undersigned, acknowledge that there are inherent dangers and risks involved with participation of One Love Ministries' Youth Event which include, but are not limited to: bruises, lacerations, strains, sprains and other minor or serious injuries, including permanent disability and even death. I understand that I should be covered during this event by a private medical and liability policy, and I further understand that One Love Ministries does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities out of participation in this event. Therefore, in consideration of the above-named child/children being permitted to participate in this event, I hereby agree to assume all risks and responsibilities surrounding my child/children's participation. I agree to indemnify, release, and discharge One Love Ministries, its directors, pastors, employees, agents, and volunteers from any and all liability, claims, or demands for personal injury, sickness, death, losses, or damages arising from such participation in the above-named event.

I further hereby agree(s) to hold harmless and indemnify One Love Ministries, its directors, employees, agents, and volunteers from any and all liability and claims arising from the negligent or non-negligent, willful, or intentional acts of said participant, including expenses, incurred attendant thereto.

### **Medical Consent Release**

I, the undersigned, consent to and authorize any medical professional and others working under the supervision to treat the above-named child/children for any injury or illness arising from or related to participants in One Love Ministries' Youth Event. I further agree to pay any and all medical expenses, costs, and other charges and to release and discharge and hold harmless One Love Ministries, its directors, pastors, employees, agents, and volunteers against any liability and claims resulting from or connected with such medical treatment or care.

### **Photo Consent Release**

I hereby grant full permission to One Love Ministries to use my child/children's photograph in any publication or advertising materials (printed or electronic). In giving my consent, I hereby release and hold harmless One Love Ministries, its directors, pastors, employees, agents, and volunteers from any and all responsibility and liability. I understand that I will receive no compensation should any photographs of my child/children be used.

(The undersigned consents to all release clauses)

### **Inappropriate Behavior**

I understand that if my child engages in any inappropriate activity during the event, including but not limited to leaving the premises or bringing an illegal substance, One Love Ministries reserves the right to ask them to leave at any time. I acknowledge that it is my responsibility to pick them up at any hour should this occur.

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Parent Full Name (Print)

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Parent Signature

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Date