

SOUTH HILL BIBLE CHURCH,
Frontline Youth Ministry
958 E 29th Avenue
Spokane, WA 99203

FRONTLINE WAIVER & RELEASE FORM

2021-2022

It is required that every student involved in Frontline Youth Ministry have this form on file and current.

PLEASE PRINT.

Name of Child: _____ Boy: _____ Girl: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email _____ Age: _____ Birthday: _____

Name of School Attending: _____ Grade: _____

Parents' Name(s)/Legal Guardian Name(s): _____

Any health problems, allergies, existing medical conditions, or restrictions in game participation?

Emergency Contact, if parents cannot be reached:

Name: _____ Phone: _____ Cell Phone: _____

Relation to Child: _____

Physician's Name: _____ Phone: _____

WAIVER AND MEDICAL RELEASE:

I hereby give my permission for my child (named above) to attend and participate in South Hill Bible Church's Frontline Youth Ministry and all special activities and events planned and carried out by Frontline Youth Ministry of South Hill Bible Church.

I do herewith authorize emergency treatment be given if necessary only after a reasonable effort has been made to reach us/me the parent(s) or guardian(s).

I, the undersigned, do hereby release and agree to hold harmless registered volunteers of South Hill Bible Church, its staff and its leadership from any and all liabilities or claims for personal injury or illness which may be incurred by my child while attending and participating in all activities and special events of Frontline Youth Ministry of South Hill Bible Church.

I understand and hereby grant South Hill Bible Church, its staff and its leaders permission that, while my child is participating in approved Frontline Youth Ministry activities and functions, photographs and videotapes of my child may be taken for use in promoting Frontline Youth Ministry and its activities and functions. I further release South Hill Bible Church, its staff and leadership from any all claims that I may have against them as a result of my child's picture being used in promoting Frontline Youth Ministry. If I do not grant this permission, I have specifically stated this by checking the box below:

No, do not photograph or videotape my child.

COVID-19: I agree to not hold SHBC, it's staff or leaders liable for any illness or virus contracted by my child while attending SHBC functions. I also understand that I am not to send my child to SHBC functions if they show any sign of symptoms related to COVID-19. I also understand that if my child shows any signs of COVID-19 while attending a function, they will immediately be sent home.

By signing below, I acknowledge I understand and am agreeing to all the above statements as they are written.

Signature of Parent or Legal Guardian: _____ Date: _____