

EBIC RELEASE FORM



FULL NAME OF CHILD/YOUTH

I hereby give my above listed child permission to attend & participate in the programs sponsored by EBIC Elizabethtown BIC Church.

If I cannot be reached in a medical emergency, I hereby give permission for my son/daughter to be treated by qualified medical personnel (doctor, hospital, ambulance, etc.) selected by the group leader in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on this form. I certify that my child is in good physical condition and is able to participate in programs.

I hereby waive all claims against Elizabethtown Brethren in Christ Church, its employees, and volunteers, and agents, in case of accident or injury that may arise as a result of participation in activities sponsored either in whole or in part by the church. I further agree to hold Elizabethtown Brethren in Christ Church and its agents harmless and to indemnify them against all losses, liabilities, suits, claims, or expenses including fines, penalties, and attorney's fees due to injury or alleged injury to my child incurred in connection with the operation of the youth or children activities or transportation thereto.

I give permission to EBIC Elizabethtown Brethren in Christ (BIC) Church to use photos and videos involving my above listed child in the use of appropriate publication materials, church website, and social media promotions.

Parent/Legal Guardian **(SIGN)**

Parent/Legal Guardian **(PRINT)**

Date

Photos and videos taken of children/youth at church-sponsored events are taken in good taste and children/youth are not individually identified in photos/videos that are published publically. If there is a photo or video published of your child that you would like removed, please contact us. To complete a *Do Not Photograph* form, please visit the website (etownbic.org/ebickidzregistration).



Love God. Share Christ. Serve the World.

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