

**UNITED EVANGELICAL FREE CHURCH  
PARENTAL/GUARDIAN PERMISSION FORM**

Because we value the safety of all persons, we ask that you fill out and return this form prior to the start of the event.

Name of the Event: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date(s) of the Event: \_\_\_\_\_  
Sponsored by: \_\_\_\_\_

**Please Print the Following Information:**

Child(ren)'s Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Your Home Phone # \_\_\_\_\_  
Your Work Phone # \_\_\_\_\_  
Your Cell Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

(Additional Emergency Contact Information may be listed on the back)

I grant permission for my son(s)/daughter(s) above listed to participate in the event stated above. I further grant permission for and understand that some events may require transportation in privately owned vehicles to a location away from the church and/or for possible medical and emergency purposes. Such transportation, if deemed necessary, will be under the guidance and direction of adult volunteers of The United Evangelical Free Church of Guys Mills, PA. I further understand and consent that the videotapes, photographs, motion picture film in which my child(ren) appear, and/or audio recordings made of my child(ren)'s voice may be used by United Evangelical Free Church of Guys Mills, their assigns or successors, in whatever way they desire. Furthermore, I hereby consent that such photographs, films, recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatever on my part. As parent/guardian, I warrant to the best of my knowledge that my child(ren) is/are in good health and I assume all responsibility for the health of my child(ren). I remain legally responsible for any and all personal actions taken by my child(ren) and agree on behalf of myself, my child(ren) to hold United Evangelical Free Church of Guys Mills, Guys Mills, PA and the Allegheny District of the Evangelical Free Church of America harmless from any liability or claim arising from or in connection with my child(ren) attending this event or in connection with any illness or injury (including death) or cost of medical treatment in connection with this event. I give the United Evangelical Free Church of Guys Mills, PA permission for my child(ren) to be administered medical help in case of an emergency. I understand that all attempts will be made to contact me in case of an emergency and if I cannot be contacted, that the following person will be contacted.

(Please Print)

**Additional Emergency Contact:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**The Following Adults Have My Permission To Pick Up My Child:** (use the back side if necessary)

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

(Please Sign & Date)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_