

## Participant Information

Youth name:

Grade:

## Emergency Contact Information

Parents/guardians name/s:

Emergency Phone number/s:

Email Address:

Address:

**Parents:** my child may participate in the stated event, including travel during the event via automobile driven by an adult chaperone/leader that is age 21 or older with a valid driver's license. I give permission for my child to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's health and safety while at the event, with the understanding that the emergency contact on file will be contacted as soon as possible should the need arise. I accept full responsibility for any expenses for medical treatment for my child. I release the BRUNSWICK UNITED METHODIST CHURCH and its representatives from liability in the event of accidental injury or illness.

## REVERB Cleveland

Date: November 8-9th, 2019

*EVENT PHOTO RELEASE*-Parent please initial

\_\_\_\_ I give permission for pictures of my child to be used for event posters and internet/social media

Parent/guardian signature/s:

\_\_\_\_\_ \_\_/\_\_/\_\_ date

\_\_\_\_\_ \_\_/\_\_/\_\_ date