





## **Children & Youth Permission & Photo Consent Form**

Child/Youth Name:	Date
Event:	
Or this form is valid for all events my child	d participates in at CCPC. If so sign below:
Signature	
Parent Authorization for Participation:	
Ministry, I do hereby declare myself and/activities offered at the listed event(s). It disabling injury and or death in all physical liability CCPC Children's & Youth Ministry	cipation in the activities of CCPC Children's or Youth or my child to be medically able to participate in the understand that there are risks which may include al activities undertaken. I agree to hold free from any y and CCPC for myself and/or child connected in ents. I understand that all Children's & Youth Ministry
Presbyterian Church, I hereby authorize is reproduce and/or publish photographs as connection to the event he/she is participal material may be used in various publication advertising (PSAs) or for other related en	en's or Youth Ministry event at Central College ts representatives and employees the right to use, and/or video that pertain to my child/youth in pating in without compensation. I understand that this ons, recruitment materials, broadcast public service deavors. This material may also appear on Central reb page or on the CCPC-VBS private FaceBook page
I have read and understand the above:	
Parent Signature:	
Printed Name:	
Address:	
Email:	
Contact Phone #:	