

# St Paul Lutheran Church Youth Event Permission Form

I give permission for my son/daughter, \_\_\_\_\_  
to participate in the \_\_\_\_\_ event  
under the supervision of the Director of Youth Ministry and other  
designated adult leaders.

I understand that my son/daughter is to be on their best behavior, and that I  
will be contacted to pick up my son/daughter, should their behavior and  
actions render that necessary.

I also understand that there are risks associated with this activity, and I  
accept responsibility for any injury that occurs to my son/daughter during  
their participation in this activity. I agree to assume liability for any accident  
or injury that may occur as a result of my son's/daughter's participation in  
this event and/or transportation involved with this event. I give my  
permission for the adult leaders to take any medical actions necessary in  
the event that my child requires medical attention.

**Please initial next to one of the following statements:**

\_\_\_\_\_ St Paul Lutheran Church has my consent to use my child's photo  
on publications including but not limited to the church webpage, church  
newsletters, and/or social networking pages such as the youth group  
facebook page.

\_\_\_\_\_ St Paul Lutheran Church may NOT use my child's photo in any  
church publications

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone Number Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Secondary Emergency Contact Phone Number: \_\_\_\_\_