



# Parent Permission & Release Form

619-465-3011

3902 Kenwood Dr. • Spring Valley, CA 91977

**Must be completed and signed by parent or legal guardian if student is under 18**

## Parent/Legal Guardian

Name \_\_\_\_\_ Relationship to Student:  
Mother  Father  Legal Guardian

## Contact Information

Mailing Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Primary Phone Number Additional Phone Number (if available)

## Emergency Contact

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Number

## Student(s)

2. \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name [First & Middle - Last, if different from parent(s) or guardian(s)] Birth date  
School Name \_\_\_\_\_ High School Graduation Year \_\_\_\_\_ Male  Female

2. \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name [First & Middle - Last, if different from parent(s) or guardian(s)] Birth date  
School Name \_\_\_\_\_ High School Graduation Year \_\_\_\_\_ Male  Female

2. \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name [First & Middle - Last, if different from parent(s) or guardian(s)] Birth date  
School Name \_\_\_\_\_ High School Graduation Year \_\_\_\_\_ Male  Female

## Medical Information

Insurance Company Name (if none, write "none.") \_\_\_\_\_ Policy Number \_\_\_\_\_  
Family Doctor/Practice \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Known Medical Condition(s) \_\_\_\_\_  
Medication(s) \_\_\_\_\_ Allergies \_\_\_\_\_

## Authorization of Consent to Treat a Minor

I do hereby authorize Trinity Church youth ministry leaders as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any, physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective through he above named minor's graduation from high school, unless sooner revoked in writing delivered to said agents.

## Release of Trinity Church

I understand that I shall indemnify, hold free and harmless, assume liability for, and defend Trinity Church and its agents, servants, employees, officers, volunteers, and directors from any all all costs and expenses including, but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which Trinity Church, assertion of liability, or any claim or action found thereon, arising or alleged to have risen out of student(s) use of real or personal property belonging to Trinity Church and its agents, servants, employees, officers, and directors, or by action or omission by student(s).

## Consent to Take and Publish Photographs, Videos, Audio & Media Recordings

I hereby grant Trinity Church, its agents, and those by whom it is commissioned, unrestricted and unlimited license, right permission and consent to use and reuse, copyright, print, reproduce, publish and republish for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_