This form has been approved by the Lebanon Bible Fellowship Church Board of Elders, June 5, 2007

2022-2023 ANNUAL PERMISSION FORM FOR YOUTH ACTIVITIES

ACTIVITY INFORMATION

Name of Sponsoring Organization: <u>Lebanon Bible Fellow</u>	ship Church	
Address: 1635 Mill Road, Lebanon, PA, 17042	Telephone: <u>717</u>	7-273-4802
Description of Activities: All church sponsored and chape		
including, but not limited to: group transportation, meet		
trips & retreats, Teen Week, and other various events.		
Date of Activities: <u>June 1, 2022 – May 31, 2023</u>		
EMERGENCY INFORMATION		
Teen's Name	Home Phone	
Address	City	Zip
Emergency Phone	Emergency Contact Na	ame
Is the Teen covered by personal/family medical insurance	ce?	□ No
If yes, name of insurer:	Policy or grou	p number:
Is the teen allowed to have Tylenol or Ibuprofen?	□ Yes □ No	

GENERAL RELEASE/HOLD HARMLESS AGREEMENT

As the parent or legal guardian of the above student, I agree to the following:

- **1.** <u>DESIRE-</u> The student above desires to participate in the program, events, or activities (hereinafter collectively referred to as "Activities") operated or sponsored by the LEBANON BIBLE FELLOWSHIP CHURCH and its Youth Ministry.
- 2. <u>POSSIBILITY OF INJURY-</u> The student above may incur personal injury or bodily damage while participating in such Activities.
- 3. <u>NECESSITY OF PERMISSION SLIP-</u> The student above cannot participate in such Activities without releasing and holding harmless the Church and the Youth Ministry.
- 4. **GENERAL RELEASE AND DISCHARGE-** I, the undersigned, request that the Church and its Youth Ministry allow the student to participate in the Activities and in consideration thereof agree to hereby release, and forever discharge the Church, its Youth Ministry, the Pastors, its Officers, and any parties volunteering on behalf of the Church or its Youth Ministry from all actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to the Activities.
- 5. <u>RELEASE FOR INJURY AND DAMAGES-</u> I authorize the treatment of the student by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the Activities, including transportation to and from the site. This authority is granted only after a reasonable attempt has been made to contact me, the parent/guardian.
- 6. PHOTOGRAPHY/SOCIAL MEDIA NOTICE- I authorize my child's photo to be taken and used as the Lebanon Bible Fellowship Church (LBFC) sometimes uses photos, videos, and audio recording to document our events and ministries. We believe this gives members and non-members alike a better sense of who we are and the ministries we offer. We share these media items on our website, social media, in print, and other locations. Signing this permission form implies your acceptance that any of that media may be used by us for the purposes of sharing about our church and activities. (Continued on back)

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(If you wish your child(ren) to be excluded from photos or video, please inform Pastor Cruise of this. We will ask our photographers & videographers to respect these requests when possible. Attendance at large activities may mean your child(ren) might still appear in the background of some material. Please note that given the nature of social media, we may not be able to prevent others from "tagging" individuals in posts, images, etc. on these services. This information and policy does not apply to photos that might be taken and used by others at events and services. For more information, please contact the church office at 717.273.4802.)

Therefore,	being	the	parer	nt or	legal	l guar	dian	of t	he s	tuder	it nan	ned a	above,	I give	my	perm	ission	for	him/h	er to
attend/par	ticipate	in	such /	Activit	ties ı	under	the	direc	tion	and s	uperv	ision	of the	Youth	Mir	nistry	of th	e Lel	banon	Bible
Fellowship	Church																			

Parent/Legal Guardian Signature ______ Date _____