

Spring Valley Community Church

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for Spring Valley Community Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Adult	Parent/Custodial Adult	Date
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Medical Insurance Company: _____
Policy/Group Number: _____
Participant I.D. Number: _____
Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of Spring Valley Community Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Spring Valley Community Church, I/we release Spring Valley Community Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Spring Valley Community Church; and I/we agree to indemnify and hold forever harmless the Spring Valley Community Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Spring Valley Community Church or resulting from traveling to or from the activities of Spring Valley Community Church, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and *I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.*

Parent/Custodial Adult	Parent/Custodial Adult	Date
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Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our youth to travel in a vehicle operated and occupied by only one adult.

_____ Parent/Custodial Adult _____ Date

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Spring Valley Community Church. I/we **(do) or (do not)** give permission for a recognizable image of my child to be posted on the SVCC website, bulletin boards, and/or other SVCC websites (facebook, etc). I understand that a non-recognizable image, such as a group picture, may be posted.

_____ Parent/Custodial Adult _____ Date