Ignite Student Ministries Under 18 Consent Form

Student's Full Name _____

2026-2027 Grade Level: 6 7 8 9 10 11 12 Sex: ____M ____ F DOB: _____

Print Parent/Guardian's Name _____

Parent/Guardian's Street Address _____

Print Parent/Guardian's Email Address _____

Parent Contact Numbers: Cell _____ Home _____

Additional Emergency Contact _____ phone _____ relation _____

Medical Insurance: ___ Yes ___ No Insurance Company _____ Policy No. _____

Physician Name _____ Physician Contact Number _____

List any allergies or medical conditions that may be relevant to student's participation in activities OR to a physician in the event of an emergency: _____

_____

Please read and check appropriate answer:

__Yes __No I understand in the event of an emergency medical situation, every attempt will be made to contact me. If I cannot be reached, I hereby give my permission for the adult in charge to secure medical treatment and/or transportation if needed.

__Yes __No I understand my insurance will be used as primary coverage in the event medical treatment is needed.

__Yes __No I understand all reasonable safety precautions will be taken by Garber Church and its agents during all events/activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to *not* hold Garber Church, its employees, leaders, and/or volunteers liable for damages, losses, diseases, or injuries incurred by my child.

__Yes __No I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during church events to be used, distributed, or shown as Garber Church sees fit.

__Yes __No I hereby give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in events and/or activities sponsored by Garber Church.

Do not write in box below unless you are in the presence of a Notary Public.

For notary use only.

I testify that I have truthfully stated the above requested information.
I have read and understand the above and agree to all terms and conditions as designated.

_____ _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN Date

Sworn to and subscribed before me this the ____ day of _____ , 20____ .

_____ My Commission Expires: (_____SEAL)

Notary Public