

Youth Medical & Liability Release Waiver

June 2026 - June 2027

Student's Name: _____ Birth Date: _____

Grade: _____ Age: _____ Sex: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Parent/Guardian's Name: _____

Phone Number: Cell: _____ Work: _____

Email (for announcements/contact): _____

Address (if different from Student): _____ City: _____

State: _____ Zip: _____

Parent/Guardian's Name: _____

Phone Number: Cell: _____ Work: _____

Emergency Contact (if other than above parents/guardians):

Name #1: _____ Relationship: _____

Phone number: Home: _____ Work: _____ Cell: _____

Name #2: _____ Relationship: _____

Phone number: Home: _____ Work: _____ Cell: _____

Health Insurance Coverage

Insurer's Name: _____

Policy or Group Number: _____

Allergies or Medical Conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

Parent/Guardian Consent and Agreement

In consideration of my child's (name listed above) opportunity to participate in Ephrata Bible Fellowship Church's (EBFC) activities and programs, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of EBFC. I accept personal financial responsibility for any injury or other loss sustained during the activities or programs of EBFC or during transportation to and from such activities and programs, as well as for medical treatment rendered to my child that is authorized by EBFC, its leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported to receive emergency care and to be responsible for all financial charges for such emergency care.

I release and promise to indemnify, defend, and hold harmless EBFC, its leaders, employees, volunteers, and agents from any and all injury or loss arising directly or indirectly out of the activities and programs of EBFC or transportation to and from such activities and programs, whether such injury arises out of the negligence of EBFC, my child, or otherwise.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Promotional Release Statement

I and cosigned parent/guardian hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear in promotional materials for Ephrata Bible Fellowship Church. I understand that these materials are being used for recruitment and fund-raising efforts.

I release EBFC from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment, or fund-raising program.

Signature _____ Date _____

Parent/Guardian _____ Date _____

(If youth is under 21)