

**Eternal Church
Fort Mill, SC
Release Form for Youth Events**

Student Name: _____ DOB: _____

Address: _____ cell phone: _____

Email: _____ School: _____ Grade: _____

Parent/Guardian (Print Name)

Parent/Guardian (Print Name)

Home Phone.: _____

Home Phone.: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Emergency contact name _____

Home: _____ Cell: _____

I am the parent/guardian of _____ (youth's name). I am granting permission for my youth to attend events sponsored by Eternal Church. By granting this permission, I also waive any claims against, and release and hold harmless Eternal Church, and any of their employees, volunteers, agents and representatives, from any harm that occurs to my child while participating in these events.

In the event my child requires medical treatment or transportation for medical care, Eternal Church will attempt to contact me at the number (s) listed below. If they are unable to reach me, Eternal Church may contact the designated emergency contact at the number (s) listed above. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take the appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

(Signature of Parent or Legal Guardian)

DATE: ____/____/____