

Living Water Evangelical Church
(1256 Wehrli Rd, Naperville, IL 60565)

2025-2026 Youth Ministry Release Form

PARENTAL/GUARDIAN CONSENT

The undersigned does hereby give permission for my child, _____, to attend and participate in on-site and travel-based church activities for the period from 9/1/2025 – 8/31/2026.

LIABILITY RELEASE: In consideration of **Living Water Evangelical Church** allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meetings, activities, events, retreats, lock-ins, trips, etc.) and childcare, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless **Living Water Evangelical Church**, its pastors, directors, employees, volunteers, and teachers (collectively herein the "Church") from any and all liability, claims, or demands for accidental personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful, or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by **Living Water Evangelical Church**. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

I, the parent or guardian, give my child permission to ride with a youth leader or approved driver. I understand that care will be taken to ensure the health, safety, and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety of the activity, the organizers reserve the right to return my child home.

Name of Youth Participant _____ Signature _____

Date __/__/__

Parent/Guardian name _____ Signature _____

Date __/__/__

PHOTO / VIDEO RELEASE FORM

Student Name: _____
(a separate form must be completed for each child)

During regularly scheduled evenings and special events, our youth group often uses photographs and videos of our students for a variety of projects and media. Because we are sensitive to the safety and privacy of your family, **at no time will the names of our students accompany their photo or video image without your consent.** Below is a release which allows you to indicate your preferences.

Please indicate below whether the youth group has permission to use photographs, images, or video of your child.

Please check one:

☐ I **agree** that photographs, images and/or video of my child may be used for any publications, including those prepared for both an internal and external audience. ☐ NO, I **do not** want my child's photograph, image or video used in any way..

Name _____ Signature _____

Date ____/____/____