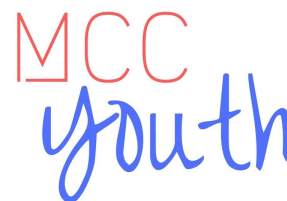


Monadnock Covenant Church
Youth Ministry Medical & Photo Release Form

Effective Dates: September 1, 2017 through August 31, 2018



Name: _____
Last First M.I.

Date of Birth: _____ Year in School: _____ Male Female

Email: _____

Home Address: _____

City State Zip Code

Phone: _____
Home # Cell #

Physician: _____
Name Phone #

Medical Insurance Company: _____ Policy # _____

Guardian #1 Name: _____ Phone # _____

Guardian #2 Name: _____ Phone # _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Monadnock Covenant Church and it's staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Monadnock Covenant Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we herby release Monadnock Covenant Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Monadnock Covenant Church, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force of the child named above. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the youth pastor and/or ministry staff.

Parent/Guardian Signature: _____ **Date:** _____



**PHOTO/VIDEO RELEASE FOR MCC YOUTH MINISTRY
MONADNOCK COVENANT CHURCH**

I hereby authorize and give full consent to Monadnock Covenant Church of Keene, NH to use all photographs and videos in which I/my child(ren) appear(s) while involved in the ministries of MCC. Photographs and videos will be used exclusively for Monadnock Covenant Church. I understand that my child(ren)'s name will NOT be included with the photo.

I am the parent/guardian of _____

(Please list the names of all your children.)

Yes, I approve the foregoing and consent to the use of photographs and videos subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

No, I do not authorize or grant consent for use of such photographs and videos.

Parent/Guardian Signature: _____

Date: _____

Monadnock Covenant Church
90 Base Hill Rd. □ Keene, NH 03431
603.352.6816
www.mcckeene.org