



YOUTH for CHRIST

2809 13 Street Columbus, Nebraska 68601

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Parental Release Form

I understand that I may revoke this authorization at any time by submitting a written request to the Youth for Christ program, however to the extent that action has already been taken, a revocation will not be possible.

Student name: _____ Date of Birth: _____

Parent/Guardian's Name printed: _____

Mailing Address: _____

Parent Phone # _____ Child's Cell Phone # _____

Emergency contacts: #1 _____
(Name and phone number)

#2 _____
(Name and phone number)

My child is a student at _____
(School)

As the parent/legal guardian, I give permission for my child to be involved in any Youth for Christ event and to be transported to or from said activities. On the occasion of small groups or overnight stays, I would be contacted by YFC Staff prior to the event, but this permission release form grants permission for my child to participate. Also included are professional meetings that may include, but not limited to, Probation, counseling sessions, O.S.S. and school personnel, community service, etc.

I agree to provide transportation for my child within a reasonable time after YFC events are over and do not hold YFC responsible for my child after dismissal of said events.

I agree to allow Youth for Christ staff and/or volunteers to meet with my child before, during or after school hours, on or off school premises. I understand that these are not school affiliated events and therefore I do not hold the school responsible in any way.

I give permission to Youth for Christ to share my child's story, without using their name, date or location and to use my child's picture in collages, newsletters, and/or displays.

I understand that in case of a medical emergency, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I give my permission to Youth for Christ Staff and/or Volunteers to seek medical attention as they deem appropriate for my child.

I understand that all reasonable safety precautions will be taken at all times by Youth for Christ Columbus, Inc. staff and volunteers. I understand the possibility of unforeseen hazards and know the possibility of risk. I agree not to hold Youth for Christ, its leaders, employees or volunteer staff liable for any damages, losses, diseases, or injuries.

Medical information about my child that Youth for Christ staff and/or volunteers or medical personnel should know:

Parent/Guardian Signature: _____ Today's Date: _____

Print Form