

Martins Mennonite Church (MMC)
Youth* Programs
Photograph consent

May Youth programs staff and MMC use photographs/videos of your child to promote our program? These pictures may be used in promotional brochures, slide shows, or web pages.

yes

no

Parent/Guardian signature: _____ Date: _____

List Youth Names: _____

Martins Mennonite Church (MMC)
Youth Program Health and Release Form

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Martins Mennonite Church and the youth programs staff of **liability from personal losses of (youth name)** _____.

I/We the undersigned have legal custody of the youth named above, a minor, and have given our consent for him/her to attend events organized for youth by **MMC** staff. I/We understand that there are inherent risks involved in any ministry or organized event, and I/we hereby release the youth programs staff and the Martins Mennonite Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event treatment is required from a physician and/or hospital personnel designated by the youth programs staff volunteers, I/we agree to hold such 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 the medical care and the medical care provided**, should the cost of that medical care not be reimbursed by the health insurance provider. **If deemed necessary by the youth programs staff to transport my/our child(ren) home due to illness or injury, I/we will at our expense, bring my/our child(ren) home.**

Parent/Guardian signature: _____ Date: _____

** Youth: for the purposes of this document, "Youth" denotes all persons under age 18.*