

Youth Authorization and Consent for Activities with Elevated Risk

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Mallaig Baptist Church.

I (print full name) _____

give authorization/ consent for my child / children (full name/names)

to attend youth events, with or without elevated risk, within 100km of the Mallaig Baptist Church and authorize the Youth Leaders to transport my child to and from these events. My consent is for the year of 20____/20____. I understand that any activities outside of the 100km, anything deemed higher risk or overnight activities will require additional consent and paperwork.

Heath care number: _____

Parent's Phone number: _____

*I authorize Mallaig Baptist Church's usage of any digital images or content that arises from my child's activities while in youth group including posts on social media.

***Photo/video permission: (please initial one)**

☐

YES

☐

NO

The safety of your child is our primary concern. Precautions will be taken for their well being and protection. I/we, named below, undertake and agree to indemnify and hold blameless Ministry Personnel, Mallaig Baptist Church, its Pastor and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Mallaig Baptist Church. This consent and authorization are effective only when participating in or traveling to events of Mallaig Baptist Church.

Purposes and Extent

Mallaig Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Mallaig Baptist Church to limit the information collected, or to view your child's information, please contact us. **I have read, understood and agree with above.**

Parents'/Guardian Signature

Printed Name _____ **Date** _____