



Office Use:
 Entered into ACS: _____
 Added to Group: _____
 Attendance Posted: _____
 Sent Text Invitation: _____

Parental Consent Form for Minors

(17 years and under)

(All information will be held in confidence)

PLEASE PRINT CLEARLY:

Child's Last Name _____ Child's First Name _____ Gender _____ Birthdate _____ Cell Phone _____
(mm/dd/yyyy)
 _____ M / F _____ / _____ / _____

Parent/Guardian's Name: _____ Parent/Guardian's Cell Phone: _____

Contact Information

Address: _____ Apt #: _____

City: _____ Zip: _____ Email: _____

Basic Medical Information

Emergency Contact Name: _____ Phone Number: _____

Does your child have medical insurance? Yes / No Name of Insurance Provider: _____

Has your child had a tetanus inoculation or booster in the last 10 years? Yes / No
(This information will only be used in the event of an accident or illness for which your child needs medical attention and you are unreachable).

Indemnity and Release of Liability

I, the undersigned parent and/or legal guardian hereby authorize my son/daughter _____
(PRINT CHILD'S NAME)

to participate in 2nd Saturday activities through Asbury.

- I understand that my son/daughter may be transported to an offsite location.
- I understand that the activities involved may include but are not limited to construction, demolition, use of tools and acknowledge the inherent risks associated with such activities.
- I understand and give my consent for 2nd Saturday volunteers, Asbury staff or members to take and/or use photographs, voice, or video tapes of my child for advertising or public display.

In consideration of my or my family's participation in such activity, I HEREBY UNCONDITIONALLY REMISE, RELEASE AND FOREVER DISCHARGE and hold harmless Asbury and their employees, directors, contractors, volunteers or agents, from any and all manner of liability, actions, causes of actions, claims, loss, damage, injury and demands of any nature which may be incurred by the individual participant while volunteering and/or participating in any 2nd Saturday activities through Asbury. This release shall be effective even though said liability, actions, causes of actions, claims, loss, damage, injury and demands results or has resulted from negligence, wrongful acts, omissions breach of contract, breach of duty of care and/or negligence.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Cell # _____ Cell Phone Provider: (AT&T, Verizon, Sprint, etc) _____