

**Orchard Hill Church Permission Waiver Form**

Student(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Age of child: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Release of Liability:**

By signing this Release Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the planned activities. I also expressly assume all risks of the child whether such risks are known or unknown to me at this time. I further release Orchard Hill Church and its minister, leaders, employees, volunteers, and agents from any claim that my child may have against them as a result of an injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Orchard Hill Church or its ministers, leaders, employees, volunteers, or agents.

**Transportation during Church Functions:**

By signing this form, I give permission that the child named can be transported, as the activities require, by the approved staff or volunteers of Orchard Hill Church. Transportation to and from the church is my own responsibility.

**First Aid & Emergency Medical Treatment:**

I do hereby give permission for agents of Orchard Hill Church to seek and secure any needed medical attention or treatment for my child including hospitalization. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

**Publicity:**

On occasion, Orchard Hill Church takes photographs or makes audio/visual recording of children involved in church activities. Such photographs and audio/visual recording may be used in Orchard Hill Church's publications, website, and various social media platforms. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting or special interest features. I consent to the use of such audio/visual recording of the child named above to be used, distributed, or displayed as the directors of the church see fit.

**ACKNOWLEDGEMENT and SIGNATURE**

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

**This Consent, Authorization and Acknowledgment shall be effective from and including  
January 1, 2025 to and including December 31, 2025.**

\_\_\_\_\_  
Signature of Parent or Guardian      Date  
*(if Participant is under 18 years of age)*

\_\_\_\_\_  
Signature of Participant      Date

\_\_\_\_\_  
Printed Name of Parent      Date

\_\_\_\_\_  
Printed Name of Participant      Date