**Unitarian Universalist Congregation of Las Vegas**

**Permission for Children and Youth Activities And Release**

As parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I give permission for him/her/they to participate in any and all events and activities sponsored or endorsed by UUCLV during the next twelve (12) months.

I acknowledge that by participating in church sponsored or endorsed events my child may be involved in activities occurring both on and off church property, taking place during both day and evening hours, occasionally involving overnight stays, requiring transportation by motorized vehicle, involving the preparation and consumption of food and involving the use of tools, chemicals, fire or other materials and objects. I further acknowledge that by participating in church sponsored/endorsed events my child may become involved in recreational and sporting activities including but not limited to hiking, climbing, swimming, skiing, quidditch, basketball, volleyball, baseball and frisbee.

Accordingly, I acknowledge that participation in church sponsored/endorsed events involves certain dangers and risks, may expose my child to hazards of bodily injury or property damage.

In recognition of these risks and realities and in consideration of my child being offered the opportunity to participate in and benefit from these church sponsored/endorsed events, I agree on behalf of myself and my child to release, waive and disclaim any and all liabilities of or claims against UUCLV, its officers, board members, supervisors, volunteers, employees and all private persons or organizations volunteering services without charge to transport, supervise or chaperone my child while participating in such church sponsored/endorsed activities including, but not limited to, any or all liabilities or claims for personal injury, property damage, court costs, attorneys fees and interest, however caused or accrued, as a result of my child participating in the church sponsored events.

In the event my child requires emergency medical attention, and I cannot be reached immediately, I give permission for the designated UUCLV chaperone/youth leaders/staff leaders to authorize medical attention.

I agree that UUCLV, its officers, board members, supervisors, volunteers, and/or employees have the right to terminate the participation of my child in any or all church sponsored activities for failure to behave and act in accordance with the church’s regulations on conduct, for failure to follow the instructions and directions of the active supervisor(s) and/or chaperone(s), or for any conduct of my child deemed by the church, its officers, board members, supervisors, volunteers, or employees, in their sole discretion, to be detrimental to or incompatible with the interest, harmony, comfort or welfare of others or the activity as a whole.

I further agree to indemnify UUCLV, its officers, board members, supervisors, and /or employees for any and all damage or injury my child may cause to others as a result of his/her participation in the church sponsored events.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of insurance company Policy number

Name of insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Faith Development Program, Youth Participation Registration** |

**\*Parent/Guardian Information (primary residence of youth):**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone Contact (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Phone Contact (2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **\*Parent/Guardian Information (secondary residence of youth):** Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best Phone Contact (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Phone Contact (2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

\* The term *Parent* refers to a child’s principal caregiver or the person/persons who have brought the child to the service who have authority, actual or ostensible, over the child.

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| **Youth Information: (Please fill out one form per participating youth)** First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_Birthdate: \_\_\_\_\_\_\_\_ Current Grade**: \_\_\_\_** School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies/Medical Conditions/Special Needs (Please be very specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dietary Restrictions/Considerations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Publicity/Image/Voice Use Permission**

The UUCLV staff or volunteers may wish to take photographs, video, and/or audio recordings of Congregational events. During activities, a photograph or video/audio recording may be taken of your child. Please sign below to authorize permission, for the photograph or audio/visual recording of the above youth, for use in any UUCLV publications, bulletins or promotional materials including our UUCLV.org website & e-newsletter. We will never reference your child by name or provide any specific information regarding your child.

\_\_\_ YES, I grant permission for the above outlined use.

\_\_\_ NO, I opt out and do not grant permission for the above outlined use.

Please Print Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_