YOKE CLUB 2023-2024 PERMISSION FORM

I, legal parent or guardian, give permission for my student to participate in YOKE (YOKE Youth Ministries) sponsored activities. I understand that YOKE is a faith-based organization that exists to help my student discover their identity and purpose in Christ through Club meetings, weekend camps, and (optional) mentorship time spent outside of Club.

NAME OF STUDENT: _____

KNOWN ALLERGIES: _____

GRADE: 6th 7th 8th NATURE OF ACTIVITY: Participation in YOKE Club at CARTER MIDDLE

I release YOKE and each of its individual agents, and the co-sponsoring organization, if any, and each of its individual agents, from any and all liability for personal injury to, or caused by, my child, and for all property damage. I assume all risk of such injury or damage and will hold YOKE harmless from all loss and damage whatsoever.

In case of emergency, I understand that every effort will be made to contact me. If such contact is not possible, I give YOKE permission to act in seeking emergency medical treatment for such child in the event that such treatment is deemed necessary by YOKE. This permission is also directed to those administering emergency treatment, using such measures as they deem necessary. I absolve YOKE from liability in acting in this regard.

I ***ALLOW / DO NOT ALLOW*** **(circle one)** YOKE YOUTH MINISTRIES staff and volunteers to drive my student to YOKE related activities and events outside of school when I am contacted.

I understand that club meetings end at 8PM and my student must be picked up promptly.

I hereby ***GIVE / DO NOT GIVE*** **(circle one)** YOKE YOUTH MINISTRIES full unrestricted rights to publish, copyright, distribute electronically and/or use any still or motion pictures, photograph of my child for use in editorial content, art, advertising, trade or any other lawful purpose. I understand my child's likeness may be used in advertising and/or promotions. I hereby release and hold harmless the above named, its successors, employees, agents, and assigns from any liability or claims or damage whatsoever in connection with said use of my child's likeness. I waive any right to inspect and approve final use of materials covered hereunder. I certify that I am at least 18 years of age, authorized, and have included my name and signature below. I have read and understand this Release and certify that the information provided is true and accurate.

If any options above are not circled, it is assumed to be allowed.

SIGNATURE OF PARENT OR GUARDIAN: _____

_____

PARENT/GUARDIAN NAME ADDRESS

_____

CITY STATE ZIP PHONE NUMBER(S)

IF I (WE) ARE NOT AVAILABLE, CALL RELATIVE OR OTHER CONTACT PERSON BELOW:

NAME:_____ PHONE(S): _____