

Harrodsburg Baptist Church

312 S. Main St
Harrodsburg, KY 40330
Church Office (859) 734-2339

**Parent Consent
Form**

PUBLICITY RELEASE

In consideration for the Youth Participant being allowed to participate in Harrodsburg Baptist Church Youth activities, I/we, for ourselves and our child, hereby authorize the Harrodsburg Baptist Church to record the Youth Participant’s picture and voice on photographs, films, audiotapes, and/or videotapes and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising, and hereby release and discharge the Harrodsburg Baptist Church, and their directors, officers, employees, and agents, as well as the organizers, sponsors, supervisors, counselors, and chaperons for their activities, from any and all claims and liability for damages, losses, or expenses of any sort relating to the recording.

Consent Agreement

(Students’ Name) _____ has my permission to attend all youth activities sponsored by Harrodsburg Baptist Church from _____ to _____.

Having legal custody of the student named above, I give my consent to obtain medical attention deemed necessary by the Youth Staff, Adult Leaders or medical facility. I further understand that there are inherent risks involved in any ministry or event/activity and release the Church and its staff of any liability against personal loss.

I also acknowledge responsibility for the cost of any medical care not reimbursed by my health insurance provider.

I agree to reimburse all expenses for my child having to be returned home because of illness or disciplinary reasons.

I grant permission for pictures or videos taken of my child while attending church activities or events to be displayed or used in future services or promotion.

Parent’s Signature _____ **Date** _____