

**Event Permission Form and Liability Waiver AWANA**

**Photo Release**  
(Applies to Students only)

I understand that my child(ren) whose name(s) are listed below may be photographed at the Church during church hours, field trips, or activities. I understand that these photographs may be used in promoting the churches youth programs and services, either in print or on the Internet.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the churches services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses.

I understand that there will be no payment for me or my child's participation in this release.

**Insurance and Health Information Release and Liability Waiver**  
(Applies to all church activities)

I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

I understand that personal injury can and may occur to my child, and I hereby authorize the Associate Pastor of Youth Ministry Ryan Ruona, or another appointed youth advisor, to seek Emergency medical care and I consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release Brimfield Evangelical Free Church, its officers, directors, employees, agents, or any other parties volunteering on behalf of the church, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage, injury, or death that may be sustained by my child while participating in or traveling to and from this event.

The following is all the information, restrictions, allergy, and medication information necessary for my child to receive appropriate medical care.

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I, \_\_\_\_\_, being the legal guardian of

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

give my permission for my child(ren) to participate in church sponsored activities having read and agree to all liability waivers and the COVID-19 liability form.

Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_