



Permission and Medical Release Form

THIS PORTION COMPLETED BY OFFICE

2025 YOUTH REVIVAL CONFERENCE

FEBRUARY 21-22, 2025

Participant Information

Participant	Date of Birth	Phone
Parent/Guardian Name	Phone	
Address		

Medical Information

List any allergies or dietary restrictions

List any medications the participant is taking

Other accommodations or special needs

Permission/Consent

I give permission for my child/youth to participate in the abovementioned event and its activities. I give my permission for my child/youth to participate in transportation to and from the event, organized and facilitated by Centerbranch Church and its employees, staff, and event volunteers. I authorize the supervising leadership of the event to administer emergency treatment to my child/youth for any accident or illness and to act in my stead in approving medical care, if necessary. I hereby release, waive, discharge, and relinquish Centerbranch Church and its employees, staff, and event volunteers from any and all liability including but not limited to injury, accident, loss, or death during the event. I give my permission for pictures or videos to be taken of my youth/child to be used for ministry purposes.

The participant is responsible for his or her own conduct and agrees to abide by the standards and rules set by the event and/or Centerbranch Church and its employees, staff, and volunteers. Parents, legal guardians, and participants accept that participation in an event is not a right but a privilege that can be revoked should the participant behaves inappropriately or if they pose a risk to themselves or others.

Parent or Legal Guardian Signature	Date
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