



# Permission, Release & Consent Form

# 2021

**Group Leaders:**

Make copies of this release form for each student in your group to complete. **They MUST have their parent or legal guardian sign the following release.**

**ALL blanks MUST be filled in for individual to attend**

Mission Trip Dates: \_\_\_\_\_

Church Name & Group Leader: \_\_\_\_\_

Student Name (Please Print): \_\_\_\_\_

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

Male

Female

Age: \_\_\_\_\_ Grade (Next Fall): \_\_\_\_\_

I Hereby give my permission for myself or my child to participate in an activity organized (herein "Event Activities") by Serve Orlando (herein SO). I hereby release, hold harmless and absolve SO, their officers, staff, sponsors, vendors and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts, however, if they cannot be reached, I hereby consent and give my permission to the SO staff or any adult counselor acting on behalf of SO with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Florida, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other pertinent information. I hereby represent that I have, or my child has the experience and is physically and mentally capable to engage in Event Activities, and further represent that my child has no physical or mental limitations to prevent me or my child from engaging in the Event Activities. Finally, I agree that SO may tape or photograph my child and record his or her voice during their participation in the activity. I agree that SO will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promotion, and publicizing SO whether during the activity or thereafter.

I hereby release and discharge SO in Orlando, FL and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

Please list any medical problems or allergies: \_\_\_\_\_

**REQUIRED Printed Name of Parent of Legal Guardian:** \_\_\_\_\_

**REQUIRED Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_