Student Liability Waiver & Media Release Form

First Baptist Church of Williamstown

Student Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Emergency Contact (if different): _____

Emergency Phone: _____

Liability Waiver

I, the undersigned parent/guardian of the above-named student, give permission for my child to participate in all activities, trips, and events sponsored by First Baptist Church of Williamstown (FBCW) and its Summit Youth Ministry.

I understand that reasonable precaution and safety measures will be taken by church staff and volunteers, and I release and hold harmless FBCW, its pastors, staff, volunteers, and representatives from any liability, claims, demands, or causes of action arising out of injury, illness, accident, or damage sustained by my child during participation in youth activities.

In the event of a medical emergency, I authorize adult leaders to seek medical treatment for my child and agree to be responsible for any resulting medical expenses.

Media Release

I grant permission to FBCW and Summit Youth Ministry to take photographs, video, or audio recordings of my child during events and activities. I understand these images may be used in:

- **Printed materials (flyers, newsletters, etc.)**
- **Church website and social media accounts**
- **Slideshows, livestreams, or event recaps**

I release FBCW from any liability connected with the use of my child's likeness in these materials and waive any right to compensation.

☐ Yes, I give permission. **☐ No, I do not give permission**

Acknowledgment

By signing below, I confirm that I have read and understood this waiver and release form and agree to its terms.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature (if 13+): _____ **Date:** _____