



**New Bridge Church  
Student Waiver  
and Emergency Contact**

Parent/Guardian Name: \_\_\_\_\_ Student Name \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Does your family attend church regularly? YES / NO If yes, where? \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Any Medical Conditions or Medications:** \_\_\_\_\_

**May We give your student over the counter Medication (Tylenol, Advil, Benadryl, Etc.)?** \_\_\_\_\_

**RELEASE OF LIABILITY**

*I/We, the undersigned parent(s)/legal guardian(s) of the above minor (s), do hereby release and agree to hold harmless **New Bridge Church** and any related member, employee, sponsor or agent from any liability, injury, damages, loss, accidents, delay, or irregularity related to the listed minor's planned participation. This release covers all rights and actions of every kind, nature, and description, which the minor and his/her parent(s)/legal guardian(s) ever had, now has, or but for the release, may have.*

\_\_\_\_\_  
(signature of parent/guardian)                      (date)                      (relationship)

**Photo Release Form**

- I hereby grant permission to New Bridge Church to use my child's photograph(s) on its website or in other official church printed publications without further consideration.
- I acknowledge the church's has the right to crop or treat the photograph(s) at its discretion. I also acknowledge that the church may choose not to use my child's photograph(s) at this time, but may do so at its own discretion at a later date, up to (insert time period) years from the date of the photograph was taken.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_