

**The Well Youth Ministry
Waiver for Consent**

Student's Name: _____

SPONSORED ACTIVITIES

I understand that at times during my child's time attending The Well Youth Ministry and it's sponsored activities, there may be limitations on counselor availability. My child may be placed in a situation where there is only one counselor in a supervisory role. This can include transportation to and from sponsored activities.

Signature: _____ **Date:** _____

NON-SPONSORED ACTIVITIES

As a youth ministry built upon a foundation of relationships, counselors may elect to spend time with students outside of the customary meeting times. I give my permission for not only the participation of my youth in these activities but also the ability of the leaders of The Well Youth Ministry to transport my child to and from these activities.

Signature: _____ **Date:** _____

TARGETED COMMUNICATION

My child may receive targeted communication from The Well Youth Ministry leaders which includes but is not limited to text messages, emails and phone calls.

Signature: _____ **Date:** _____

PICTURES

I understand that The Well Youth Ministries or Trinity United Methodist Church may use photographs, digital pictures, and videos taken of my child for promotional publication, i.e. newsletters, brochures, mailings, website, slide shows, promotional video, etc. Requests for exclusion of your child in promotional publications of any type must be submitted in writing.

Signature: _____ **Date:** _____

TRANSPORTATION

I grant permission for my child to participate in various activities conducted at Trinity United Methodist Church, Anderson, SC. I understand that my child may be transported to and from the property of the church in vehicles owned and/or operated by church personnel and/or adult volunteers and may participate in recreational and other activities on church property conducted by church personnel and/or adult volunteers. I understand that Trinity United Methodist Church, its employees and volunteers shall not be responsible or liable for any injuries or damages sustained by my child while participating in activities conducted by the church. I grant permission for my child to participate and hereby release Trinity United Methodist Church, its employees and volunteers from any and all liability for injuries and damages which my child might sustain.

Signature: _____ **Date:** _____