



## PARENTAL PHOTO/VIDEO LIABILITY RELEASE FORM DIRECTOR PROFILE

Parents of minors 17 and younger must complete this form.

I, \_\_\_\_\_ hereby consent to and authorize the use and reproduction by the New Jersey Conference of Seventh Day Adventist Inc. (NJC Youth Ministries), or anyone authorized by NJC Youth Ministries Office, of any and all photographs/video that have been taken of me and/or my child(ren) during NJC Youth Ministries events for any purpose, without compensation to me. All images-electronic, negatives and positives, together with the prints, are owned by NJC Youth Ministries. NJC Youth Ministries reserves the right to use these photographs/video in any of its print/electronic/web publications and video outputs.

\_\_\_\_\_  
Child's Name (please print clearly)

\_\_\_\_\_  
Child's Name (please print clearly)

\_\_\_\_\_  
Child's Name (please print clearly)

\_\_\_\_\_  
Child's Name (please print clearly)

\_\_\_\_\_  
Child's Name (please print clearly)

\_\_\_\_\_  
Parent/Guardian Name (please print clearly)

\_\_\_\_\_  
Child's Name (please print clearly)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Child's Name (please print clearly)

\_\_\_\_\_  
Date



## VEHICLE/PARKING LISTING

Please list the vehicles belonging to your club and submit this form.  
This listing is for security purposes.

Club: \_\_\_\_\_ Director: \_\_\_\_\_

Church: \_\_\_\_\_

Vehicle Year, Make & Model	Vehicle License Plate #	Driver's Cellphone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



## ADVENTUREE MEDICAL ATTENTION PERMISSION FORM

I \_\_\_\_\_ give permission to the NJC Youth Ministries, and those adults in charge, to obtain any medical care they feel is necessary on my behalf, during the events promoted by NJC Youth Ministries in 2022, in case that I become unconscious, incoherent, or am unable to obtain medical attention on my own.

I also will not hold the NJC Youth Ministries, or its members, liable in any way for any injury sustained.

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Please include any pertinent allergy or medical information that relates to your health.

---

---

---

I will not hold the NJC Youth Ministries or its members liable in any way for any injury sustained in any events promoted by the Youth Department in 2022. I also give my permission for those adults in charge to obtain any medical care they feel is necessary for my child(ren).

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

***You must submit a copy of form & keep a copy on your person at all times in case of unexpected accident***