

Parental Photo/Video & Liability Release Form

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 Office), 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.

I will not hold the NJC Youth Ministries or its members liable in any way for any injury sustained at _____ on _____, 20____ I also give my permission for those adults in charge to obtain any medical care they feel is necessary for my child(ren).

I hereby acknowledge that I have read and understood the terms of this release.

Allergy or medical information that relates to your child's health.

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)

Child's Name (please print clearly)

Please mail original copies to:
Youth Ministries
NJ Conference of Seventh Day Adventist Inc.
2303 Brunswick Avenue
Lawrenceville NJ 08048

Parent/Guardian Name (please print clearly)

Parent/Guardian Signature

Date

You must submit a copy of form & keep a copy on your person at all times