



# Ossian Nazarene Church

## Parent or Legal Guardian Activity Consent Form

This form is recommended for use to obtain approval and consent for minors to participate in activities sponsored by Ossian Nazarene Church.

Name: \_\_\_\_\_  
                    First                            Middle Initial                            Last

Address: \_\_\_\_\_

Address 2 (If first address is a P.O. Box) \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_ Age during activity \_\_\_\_\_ (Must be age 9-16 to participate)

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_



Has my permission to participate in Mighty Warriors Archery (Centershot Ministries) from March 4, 2019 to April 8, 2019.

Without Restrictions       With special considerations or restrictions (describe):

**Cost: \$25.00 (includes a shirt) (Size: \_\_\_\_\_)      Registration Forms due by Feb. 25, 2019.**  
**Return this form by mail, or drop off at OCN, 302 N. Metts St., Ossian, IN 46777.**

**Hold Harmless Agreement:**

I understand that participation in these activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Ossian Nazarene Church, the activity coordinators, all volunteers, related parties, and or other organizations associated with the activity from any and all claims of liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper medical treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

**By Signing this form, I also give permission to use pictures or videos of my child participating in this activity for advertisement purposes. Most likely we will post pictures on Facebook.**

Participant's Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please direct any questions to the church office: 260-622-7449 or [ocn.churchoffice@gmail.com](mailto:ocn.churchoffice@gmail.com)