CONNECTION CHURCH WILCO

Students Event Permission, Transportation Authorization, Medical Consent, and Liability Release

Student Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Cell Phone: _____

Alternate Emergency Contact: _____

Phone: _____

Event Information

Event: Shamrock Bowling Outing

Date(s): Wednesday, August 5th, 2026

Location: 104 Bowling Lane, Dublin, GA 31021

Departure Time: 6pm From Church

Estimated Return Time: 10pm @ Church

Permission to Participate

I, the undersigned parent/legal guardian, give permission for my child to participate in the above-listed youth activity sponsored by Connection Church Wilco. I understand that every reasonable effort will be made to provide a safe environment, but I acknowledge that participation in youth activities involves inherent risks that cannot be completely eliminated.

Transportation Authorization

I authorize my child to be transported to and from this event by approved church staff members, volunteers, or licensed drivers designated by Connection Church Wilco. I understand transportation may be provided in church-owned, rented, or privately owned vehicles.
I agree that my child will follow all safety rules while riding in any vehicle, including wearing a seatbelt at all times and following the instructions of the driver.

Medical Information
Medical Conditions/Allergies:

Current Medications:

Health Insurance Company: _____

Policy Number: _____

Primary Physician: _____

Physician Phone: _____

Medical Treatment Authorization

In the event that I cannot be reached during an emergency, I authorize the adult leaders of Connection Church Wilco to obtain emergency medical treatment for my child as deemed necessary by licensed medical professionals. I understand that I am financially responsible for any medical expenses incurred as a result of treatment.

Release of Liability

I understand that participation in church activities involves certain risks, including but not limited to transportation accidents, falls, injuries, illness, weather-related incidents, and other unforeseen events. On behalf of myself and my child, I voluntarily assume these risks and release, waive, discharge, and hold harmless Connection Church Wilco, its pastors, elders, employees, volunteers, youth leaders, drivers, and representatives from any and all claims, demands, causes of action, damages, or liability arising out of or related to my child's participation in this activity, except in cases of gross negligence or willful misconduct as allowed by applicable law.

Photography & Media Release

□ YES – I give permission for photographs and videos of my child to be used by Connection Church Wilco for church publications, social media, promotional materials, and ministry purposes.
□ NO – I do not give permission for my child's image to be used.

Behavioral Expectations

I understand that my child is expected to conduct himself/herself in a Christ-like manner by showing respect toward leaders, other students, and property. I understand that inappropriate behavior may result in my child being sent home at my expense if deemed necessary by church leadership.

Parent/Guardian Agreement

I have carefully read this form and fully understand its contents. I voluntarily sign this agreement and acknowledge that I am the parent or legal guardian of the above-named student.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Church Use Only

Received By: _____ Emergency Contact Verified: □ Yes

Date Received: _____ Medical Information Reviewed: □ Yes