

VOYAGERS MINISTRIES Youth Consent, Waiver & Release Form

MINOR INFORMATION

Full Name: _____

DOB: _____ Age: _____

Address: _____

PARENT / GUARDIAN

Name: _____

Phone: _____

Email: _____

EMERGENCY CONTACT (PRIMARY)

Name: _____

Relationship: _____

Phone: _____

EMERGENCY CONTACT (SECONDARY)

Name: _____

Relationship: _____

Phone: _____

CONSENT

I give permission for my child to participate in Voyagers Ministries outreach activities.

LIABILITY WAIVER

I release Voyagers Ministries from liability to the fullest extent permitted by California law.

MEDICAL AUTHORIZATION

I authorize emergency medical treatment if necessary.

SIGNATURES

Parent/Guardian: _____ Date: _____

Minor: _____ Date: _____