

Student Name _____

Grace & Truth Volleyball (GTVO)

Outreach of Grace Church of Sacramento

8071 Old Auburn Rd. Citrus Heights, CA 95610

PHOTOGRAPHY RELEASE

I, on behalf of myself and the other parent(s) and guardians of the above-named minor, do hereby consent to having my child photographed or filmed for potential use in Grace Church of Sacramento promotional materials, without compensation, understanding that all media become property of Grace Church of Sacramento.

Print Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: ____/____/____

LIABILITY RELEASE

By signing this form, I authorize the participation of the above-named minor in the activities of Grace Church of Sacramento (the Church). In consideration of the Church providing these activities, I, on behalf of myself and the other parent(s) and guardians of the above-named minor, do hereby release Grace Church of Sacramento, its officers, employees and agents from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on or off the Church premises, or on the way to and from these activities. I agree to instruct my child to cooperate with and conform to directions and instructions of the employees and/or agents of the Church in charge of these activities. I have read, understood and consent to all parts of this Liability Release Form.

Print Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: ____/____/____

MEDICAL CONSENT

By signing this form, I give permission to the physician, nurse, or dentist selected by Grace Church of Sacramento, to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. I understand that the Church is not obligated to carry any insurance to cover such medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

Print Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: ____/____/____