



I/We give consent for \_\_\_\_\_ (name of minor) School and Grade Level: \_\_\_\_\_ to attend any events or activities in 2026 through various directors, volunteers, employees, partners, and agents involved with The Post Youth Ministries and associated churches.

**Authorization for Medical Treatment:** This release and consent gives any directors, volunteers, employees, partners, and agents of The Post permission to take my child to the nearest available medical facility. I hereby give any directors, volunteers, employees, partners, and agents permission to act on my behalf in seeking medical treatment for my child in the event that such treatment is deemed necessary or advisable for my child’s health, safety and welfare. In the event that he or she is injured while under the care of any directors, volunteers, employees, and agents and requires the attention of a doctor, I/We hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician.

**RELEASE OF LIABILITY:** I/We understand that my child and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities, weight room, and games. I/We understand that there are certain risks associated with any activity. I/We will assume responsibility for these risks, whether known or unknown to me at this time and whether the risks were caused in whole or in part by any acts, omissions or negligence of The Post or its directors, volunteers, employees, partners or agents. **I/WE DO HEREBY RELEASE THE POST AND ITS DIRECTORS, VOLUNTEERS, EMPLOYEES, PARTNERS, AND AGENTS FROM ANY LIABILITY DUE TO ACCIDENT, PHYSICAL OR MENTAL INJURY, INCURRED BY MY CHILD INCLUDING DEATH OR ILLNESS, WEATHER CAUSED IN WHOLE OR IN PART BY ACTS, OMISSIONS OR NEGLIGENCE OF THE POST, WHILE PARTICIPATING IN OR TRAVELING TO OR FROM ANY EVENTS OR ACTIVITIES SPONSORED BY THE POST. I UNDERSTAND THAT THIS MEANS I AGREE NOT TO SUE THE POST OR ITS DIRECTORS, VOLUNTEER, EMPLOYEES, PARTNERS, AND AGENTS FOR ANY ACCIDENTS OR INJURIES SUFFERED BY MY CHILD WHILE ATTENDING OR PARTICIPATING IN A THE POST ACTIVITY, WHETHER THE ACCIDENT OR INJURY WAS CAUSED BY ANY ACTS, OMISSIONS OR NEGLIGENCE OF THE POST.**

This release is also intended to include all claims of my family, estate, heirs, personal representative or assigns. If I am under 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate heirs, personal representatives and assigns. My parent or guardian also promises, by signing below, to defend, indemnify and hold The Post and its directors, volunteers, employees, and agents harmless from any and all claims or lawsuits against The Post, including claims or lawsuits based upon any acts, omissions or negligence of The Post or its directors, volunteers, employees and agents, if I should repudiate this release after obtaining adulthood.

**CONSENT:** I/We hereby grant permission to The Post, and any directors, volunteers, employees, partners, and agents, the right to use, reproduce, and/or distribute digital or other photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of The Post Youth Ministries. I understand my child may be at times transported by vehicles of The Post and hold harmless all releases assigned to transport passengers in any vehicle designated by The Post, its employees and adult volunteers.

I/We also agree and consent to accept full responsibility, financially or otherwise, for any damage my child may do to the property of The Post, properties visited, other’s personal property or vehicles used for transportation.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Students DOB: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_