

**PARENTAL CONSENT FORM**  
**First Congregational Church of Santa Barbara, UCC**

My child \_\_\_\_\_ has my permission to attend the Youth Summit on August 7-9, 2015, at First Congregational Church of Santa Barbara. I give the adult leaders at the Youth Summit authority to act on my behalf if my child should need emergency medical care. The information on my child's medical authorization form is complete and accurate and may be used should the need arise. I understand that I will be contacted as soon as possible if health or safety issues warrant action to be taken. I can be reached at the numbers below during the activity listed above.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

---

**MEDIA RELEASE FORM**  
**First Congregational Church of Santa Barbara, UCC**

I hereby grant First Congregational Church of Santa Barbara, UCC, the right and license to reproduce and publish for electronic and print distribution my image and or name (as indicated by check box below) for informational, advertising, and other lawful purposes.

- image and full name       image and first name only       image only

I hereby waive any right to inspect or approve the finished photographs or printed electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any privacy and publicity interests that I may have in such images. I hereby agree to release, defend, and hold harmless FCCSB from and against any claims, damages, or liabilities arising from or related to the use of the names and images covered by this agreement.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**OR**

Signature of adult over 18 \_\_\_\_\_