
PARENTAL CONSENT STATEMENT FORM

Crossroads Community Church

Church/Organization Name

I hereby consent to let my child, _____, participate in the
Student Name
following event: _____.

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, Crossroads Community Church its staff and its volunteers are hereby released from any liability.

Signature: _____ Date: _____

Printed Name: _____

Phone: (____) _____ - _____

Address: _____

**CONSENT FOR USE OF PHOTOGRAPHS ON
WEB SITE AND IN OTHER PROMOTIONAL MATERIALS**

This form is to be completed in ink by any applicant for a volunteer position within/
involving: Crossroads Community Church
Church/Organization Name

I hereby authorize and give full consent to Crossroads Community Church
Church/Organization Name

to use on their Web site all photographs in which I/my child appear(s) while involved
in the ministries of Crossroads Community Church
Church/Organization Name

Crossroads Community Church *Church/Organization Name* may transfer, use or cause to be used,

these photographs on its Web site and in other promotional materials. No names
or personal information will ever be given on the web site or in other promotional
materials without first securing my permission.

I am the parent and/or guardian of: _____

Please list all children under your care

I hereby approve the foregoing and consent to the use of photographs subject to
the terms mentioned above. I affirm that I have the legal right to issue such consent.

I hereby do not authorize or grant consent for the use of such photographs.

Signature: _____ Date: _____
Parent/Guardian

Witnessed by: _____ Date: _____