



RESURGENT CHURCH STUDENT MINISTRY  
MEDICAL/PARENTAL CONSENT FORM



PUBLICITY CONSENT

On occasion, Resurgent Church takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video recordings may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio-visual recordings may be used in other publications, social media, or advertising materials to let others know about our activities. Local news organizations may hear of our activities or events and our organization may invite or allow them to photograph and record our events.

Furthermore, I give permission for my child to be interviewed by the news media or other authorized media.

\_\_\_\_\_  
(Parent /Guardian Signature) (Date)

PARENTAL CONSENT

\_\_\_\_\_ has my permission to attend all kids' activities sponsored by  
(Name of student)  
Resurgent Church from January 1, 2024 to December 31, 2024.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases Resurgent Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given out consent for him/her to attend events being organized by Resurgent Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We release Resurgent Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of this student's involvement. In the event that he/she is injured and requires medical attention, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Resurgent Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at the date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring this student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

RESURGENT CHURCH 3545 US Hwy. 206 Far Hills, NJ 07931 908-719-9200

