



Celebration Church
Photo and Video Release Form

I, the undersigned parent/guardian of _____, hereby grant and authorize Celebration Church the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or video taken of me to be used in and/or for legally promoting materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Celebration Church and will not be returned.

I hereby hold harmless, and release Celebration Church from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

As a matter of mutual convenience, it is agreed that this permission and release extends from **January 1, 2026, through January 1, 2027**. As legal guardian, I take full responsibility to stay informed of the events my child will be attending with Celebration Church during the period of **January 1, 2026, through January 1, 2027**. This permission and release may be revoked, in writing, at any time during this period.

If the person signing is under the age of consent, then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____ named above and do hereby give my consent without reservation to the foregoing on behalf of this individual.

(Parent Signature)

(Date)

(Print First & Last Name)

CELEBRATION CHURCH

1135 Bluebell Drive
Livermore, CA 94551
(925) 455-4250

IDENTITY CELEBRATION YOUTH – 2026 Parent Permission and Release Form

I, the undersigned parent/guardian of, _____, give my permission for him/her to participate in any and all activities sponsored by Celebration Church. I understand staff personnel of the church or other qualified, responsible persons will supervise all activities sponsored by the church. I understand these activities may involve transportation in church owned vehicles, vehicles owned and operated by other individuals, or vehicles rented or leased by the church for subject activities.

I understand Celebration Church provides liability insurance coverage for all church sponsored activities. This insurance is secondary to my own insurance coverage, which is agreed as being primary. In the event of injury to a non-insured participant, and in the event of a claim against the insurance carrier for the church, I agree to cover the deductible rate costs required by the insurance carrier.

In the event of special situations, which may arise out of disciplinary action, medical needs or other personally related circumstances which require or result in special transportation, communication, handling, or liability expenses, I agree to assume full financial responsibility for all such related costs.

I hereby release Celebration Church of all liability in the event of injury or bodily harm and for damage or loss of personal goods and belongings.

I hereby authorize the church representatives in charge of the activity to take the above-named youth to a doctor or hospital for treatment in case of an emergency. It is understood I can expect communication from church representatives as soon as possible in such emergency situations.

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| | | |
|-----------|------|-------------------------|
| Signature | Date | Telephone Number (home) |
|-----------|------|-------------------------|

| | | |
|-----------|------|--------------------------------------|
| Signature | Date | Telephone Number (emergency or cell) |
|-----------|------|--------------------------------------|

To The Medical Provider

I/We hereby authorize you to provide emergency medical treatment to our minor child, _____. I understand that the representative of Celebration Church in charge of my child will contact me as soon as possible in an emergency.

| | | | |
|-----------|------|-------------------|---------------|
| Signature | Date | Insurance Company | Policy Number |
|-----------|------|-------------------|---------------|

| | | |
|-----------|------|------------------------------|
| Signature | Date | Date of last Tetanus Booster |
|-----------|------|------------------------------|

Has your child ever had a concussion and/or been treated for a concussion? Please explain circumstances:

IMPORTANT: Please list any drug related allergies, other allergies, or particulars which should be known in a medical emergency, and any other physical conditions about which the representatives of Celebration Church should be aware to ensure proper care and supervision. **PLEASE WRITE "NONE" IF NONE APPLY.**

