

## The ARK Educational Resource Center

## Liability Release Form and Medical Consent

| 1/ we, the parent or guardian of               | nereby give  |
|--|--|
| my/our approval for my child's participatio    | on in any and all of the activities of The ARK Educational   |
| 7  | esource Center). I/We assume all risks and hazards           |
|  | ansportation to and from activities. I/We hereby release,    |
|  | ARK Educational Consulting, Inc., (The ARK Educational       |
|  |  |
|  | s and volunteers. In case of injury to the above named       |
| ,  | et The ARK Educational Consulting, Inc., (The ARK            |
| Educational Resource Center) its employees     | s, contractors and volunteers, whether the result of         |
| negligence or for any other cause. This relea  | ase applies to all organization/ministry events for one      |
| calendar year from the date of the signature   |  |
|  |  |
|  | Date:  |
| Parent/Guardian Signature                      | Datc   |
| 1 archit/ Guardian Signature                   |  |
|  | Best # to be reached   |
| Email Address                                  |  |
|  |  |
| Consent to M                                   | ledical Care and Treatment                                   |
|  |  |
| I (noment on local superdian) outhorize all ma | diant arraniant diagnostic and modical anacadrana as mar-    |
|  | edical, surgical, diagnostic and medical procedures as may   |
|  | cian for(youth's name) in                                    |
|  | ergency. This consent applies to all ministry events for one |
| calendar year from the date of the signature   | below.   |
|  |  |
|  | Date:  |
| Parent/Guardian Signature                      | Duc  |
| ratema Couronan dignature                      |  |
|  | Best # to be reached:  |
| Emergency Contact Name                         |  |
|  |  |
|  |  |
| Parent/Guardian Phone                          |  |
|  |  |
| Home:  |  |
|  |  |
| Work:  |  |
|  |  |
| Cell:  |  |

| <b>Physician</b>      |                                    |
|-----------------------|------------------------------------|
| Name:                 |                                    |
| Phone Number:         |                                    |
| Medical Insurance Com | pany                               |
| Name:                 |                                    |
| Policy Number:        |                                    |
| Known Medical Condit  | ions/Allergies/Current Medications |
|                       |                                    |

## Youth and Children Picture Publication Policy & Consent

It is our desire at The ARK Educational Consulting Inc. (The ARK Educational Resource Center) to act in ways that limit the risk of our youth and children to abuse of a sexual or non-sexual nature. We also wish to promote the communal and fellowship aspects of the youth and children's activities through many different ways, especially through online mediums such as our organization/ministry website and social networking sites. This includes publishing pictures of youth and children's events that may include pictures of specific youth and/or children. We understand that online venues can be fertile ground for abusers and wish to minimize the risks of such possibilities. Thus, we wanted to make parents/guardians of youth and/or children aware of the purposes regarding the publication of pictures, videos, audio, etc. of minors and explicitly gain their permission for the publication of media containing images and/or recordings of their youth and/or children. It will be assumed that permission is not granted to publish such images, video or audio unless this permission is granted.

## Our goal and purposes regarding the publication of images, video, audio or other media are:

- ❖ To have approval from at least one parent or legal guardian for the publication of a picture on any publication to which The ARK Educational Consulting Inc. (The ARK Educational Resource Center) has control.
- To never publish anything indecent or sexually suggestive with a youth or child involved.
- To remove any picture of any youth or child at the request of the minor's parent(s) or legal guardian(s) within a timely manner.



| Permission to publish photos, video, audio or other media of youth is not assumed until it has been                             |
|---|
| explicitly given. If you wish to give your consent for The ARK Educational Consulting Inc. (The ARK                             |
| Educational Resource Center) to publish photos, video, audio or other media of your youth, please return the signed form below. |
|   |
|   |

| I   | am a legal   |
|---|--|
| parent of guardian of                           |  |
| (please list all youth and/or o                 | children you would like to include on one form)      |
|   |  |
| and I wish to give my permission to The ARK     | Educational Consulting, Inc. (The ARK Educational    |
| Resource Center) to publish pictures, videos, a | audios and other media of my youth and/or child with |
| the understanding that such publication will b  | e guided by the purposes above.                      |
|   |  |
|   |  |
| Signature                                       | Date   |

The ARK Educational Resource Center does not discriminate on the basis of race, national origin, color, creed, religion, sex, age or disability.