



Brooklyn Tabernacle Youth Ministry

2017 ESCAPE Retreat Consent Form & Release

Friday, October 27th – Sunday, 29th

Pinebrook Bible Conference & Retreat Center

East Stroudsburg, PA

Child's Name	
Child's Age	
Name of Parent/Legal Guardian	
Cell Phone Number of Parent/Guardian	

As the parent or legal guardian of the child whose name is set forth above, and in consideration of The Brooklyn Tabernacle (“BT”, the “Organizer”) allowing my child to participate in 2017 ESCAPE Retreat to be held at Pinebrook Bible Conference & Retreat Center. I do hereby agree to the following terms and conditions:

Functions and Activities: I understand that my child’s participation in 2017 ESCAPE Retreat can expose my child to certain risks associated with the activities conducted at 2017 ESCAPE Retreat including, by way of example, physical injury due to activity-related accidents, or illness, as well as other unanticipated risks. I hereby give my consent for the minor/child named above to participate in all 2017 ESCAPE Retreat Activities conducted by Organizer.

First Aid and Emergency Medical Treatment: I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for Organizer to seek and secure any needed medical attention or treatment for the child named, including hospitalization, if in the opinion of a designated representative of Organizer, such a need arises.

Further, I authorize a designated representative of Organizer to consent to any X-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician, surgeon, or dentist licensed under the law of the State or County in which the medical care is being sought. In doing so, I agree to be solely responsible for all fees and costs arising from this action to obtain medical treatment, including any treatment a physician, surgeon, or dentist may deem necessary. I hereby authorize any hospital that has provided treatment to my child to surrender physical custody of the child to the representatives of Organizer upon the completion of treatment.

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Publicity: On occasion, Organizer takes photographs or makes an audio or videotape recording of the children and/or adults involved in 2017 ESCAPE Retreat Activities. Staff and participants may use such photographs or audio/visual recordings to remember the activities of 2017 ESCAPE Retreat. Photographs and audio/visual recordings may be used in

Organizer's publications or promotional materials or any form of social media to let others know about the ministry. In addition, Organizer may allow local media outlets to photograph or record our events for new or special interest reporting. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as the representatives of Organizer see fit. This consent includes but is not limited to any online media or social media or promotional material of Organizer. We will provide no identifying information of minors including the use of names, specific street or mailing addresses, e-mail addresses, or phone numbers.

I hereby give Organizer permission to publish in print, electronic, or video format the likeness or image of my child or audio recordings of my child. I release all claims against Organizer with respect to copyright ownership and publications, including any claim for compensation related to use of the materials. Images, video and audio recordings of my child taken or recorded during 2017 ESCAPE Retreat by Organizer or its authorized representatives may be used in print, broadcasting, and other forms of advertising; brochures, newsletters and other publications; on the BrooklynTabernacle.org web site; in audiovisual presentations; social media and in other activities to promote the program and inform the public about 2017 ESCAPE Retreat. I acknowledge and agree that I shall have no right of approval, no claim to any compensation, and no claim arising out of the use, alteration, or distortion of my child's likeness, image, or audio recordings. Organizer will not disclose any personally identifiable information of any minors participating in 2017 ESCAPE Retreat, including names, specific street or mailing addresses, e-mail addresses, or phone numbers.

Release of Liability: By signing this Consent Form & Release, I represent that the child named above is in good health, and in proper physical condition to participate in the 2017 ESCAPE Retreat Activities. I also expressly assume all risks of my child participating in the 2017 ESCAPE Retreat Activities, whether such risks are known or unknown to me at this time. I, on behalf of my child, my child's personal representatives, assigns, heirs, distributes, guardians, and next of kin ("the Releasers") hereby release, waive, discharge, and covenant not to sue BT and their respective officers, trustees, employees, volunteers, and representatives, from any and all claims, causes of action, liabilities, damages, suits, debts, and demands of any kind whatsoever (including attorney's fees and expenses) arising from, or in any way related to, 2017 ESCAPE Retreat Activities, including but not limited to, any claims or causes of action for injuries that my child may sustain as a result of his/her participation in 2017 ESCAPE Retreat Activities.



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Parent(s) or Guardian(s) Signature:

I, _____ (**your name**), am the parent/legal guardian(s) of _____ (**child's name**), who is under 18 years of age. I represent and acknowledge that I have read the above Consent Form & Release and understand the contents of this agreement. I give permission for the child named above to participate in 2017 ESCAPE Retreat. In consideration for allowing the participation of the child in the activities of 2017 ESCAPE Retreat, I hereby consent to and accept all of the above terms, and agree that this Consent Form & Release shall be binding upon me and my family.

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Date