

**Please circle at least one of the events/ministries where you will volunteer this year:**

Sunday Family Greeter, Sunday School, Kids Church, Vacation Bible School, Classroom & Bulletin Board decorations, Christmas Pageant & Advent Festivities, Lent & Holy Week Activities, other as needed Children's Ministry support.

I give my consent for All Saints Church to allow the photographing of my minor child(ren) listed below in conjunction with my child(ren)'s participation in All Saints Children's Ministry programs. I also give my consent for the photos taken, to appear in All Saints literature and on the All Saints website. All Saints has the right to use, transmit, publish and republish all such photos and to display these works in whole or in part, individually or in conjunction with other works such as photographs, in electronic, or magnetic media, and in conjunction with any copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, and advertising, concerning All Saints and its programs.

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**Parent/Guardian Name:**

**Minor Children:**

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**Parent/Guardian**

**Signature**

**Date**

In case of injury or sudden illness, \_\_\_\_\_ will be called first at this # \_\_\_\_\_. In consideration of the above named minor(s) being allowed to participate in All Saints Children's Ministry activities, I release All Saints, its employees, officers, directors and volunteers, and any and all of All Saints' agents or associates, from any and all liability of any type and kind in relation to the All Saints Children's Ministry Activities. By entering into this release it is my intention that All Saints and its employees, officers, directors and volunteers will not be held liable for any injuries of any kind incurred by my child(ren) during their participation in All Saints Children's Ministry activities.

IN THE EVENT OF AN ACCIDENT OR INJURY AND WHEN, AFTER ALL REASONABLE EFFORTS HAVE BEEN MADE TO LOCATE ME AND I CANNOT BE LOCATED, I HEREBY AUTHORIZE AND CONSENT TO MY CHILD(REN) BEING GIVEN ALL MEDICAL CARE AND TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN AND/OR REGISTERED NURSE. I ALSO AUTHORIZE AND CONSENT TO ALL EMERGENCY MEDICAL CARE AND TREATMENT PRIOR TO ANY EFFORTS BEING MADE TO LOCATE ME, SHOULD SUCH EMERGENCY MEDICAL CARE AND TREATMENT BE DEEMED NECESSARY BY ALL

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**Parent/Guardian Name**

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**Parent/Guardian**

**Signature**

**Date**

**We may periodically use text messaging to communicate with parents and children. Do we have your permission to text the parental/guardian cell phones listed below? Do we have your permission to text your child(ren)'s cell phone(s)? If yes, please list first name(s) and cell number(s):**

**Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_