



Parkview Youth – All Night

Feb 21st 7:30 pm to Feb 22nd 7:30 am is Parkview Youth’s All Night Event hosted at Parkview Alliance Church. There is no cost to attend. Teens can do whatever they need to stay the night; sleeping bag, pillow, blanket, etc...

Youth Name: _____

Parent Name: _____

Parent Phone Number: _____

Parent Email: _____

This is for our monthly newsletter with events for teens.

Activity Waiver

I fully give my child/dependent permission to attend the All Night Event from 7:30 pm to 7:30 am February 21st to 22nd. I do hereby release Parkview Alliance Church of any actions, cause of action, demands, claims, and/or liabilities for personal injury, illness, property damage, financial loss, or any loss or injury, or damages of any kind whatsoever. I also do hereby agree to reimburse, save from any loss or expense, Parkview Alliance Church for, on account of or by reason of any claims, advanced against Parkview Alliance Church, or any losses or damages sustained by Parkview Alliance Church arising out of my or my dependents participation in said activity

Signature of Parent/Guardian

Date

Media Release

I further grant to Parkview Alliance Church the right to reproduce, display, and distribute images and recordings in any media for Parkview Alliance Church and its activities. I hereby release Parkview Alliance Church, its Board of Elders, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials in its publication or distribution. I understand that Images or recordings will be used for the purpose of social media, newsletters and reports. I have read this document before signing below, and I fully understand the contents, meaning, and release.

Signature of Parent/Guardian

Date

