

# Jesus Prom Participant Waiver

From time to time, Highland Hills Church records events, including audio and video recordings and photographs, at various activities and church related functions. I understand and agree that Highland Hills Church will own any such recordings (audio, video, photographic, electronic, and print) and authorize Highland Hills Church to use said recordings for advertising, promotion, and providing products and services of Highland Hills. I hereby waive any claim of compensation related to Highland Hills' use of any recordings of the participant. I further agree not to hold Highland Hills and/or its officers, employees, volunteers, and agents liable in any way arising out of or relating to the use of recordings of this participant.

This consent form gives permission for the staff and/or volunteers of Highland Hills Church and the Jesus Prom to seek medical attention whenever it's deemed necessary, and releases the church, staff, and volunteers of any liability against personal losses and/or injuries of named participant. I consent for him/her to attend Jesus Prom and all activities pertaining to this event. I fully understand that there are inherent risks involved in any ministry, and I hereby release the church, its pastors, staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of the participant's involvement in Jesus Prom. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that medical treatment is required by a physician and/or medical personnel as designated by Highland Hills Church, I agree to hold such person(s) free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I/we will be responsible for any medical care should the cost of that medical care not be reimbursed by my personal health insurance provider. Further, I affirm that the health information for the participant, as provided on the Jesus Prom registration form, is accurate at the date and time of my signature below, and will, to the best of my knowledge, still be in force for the participant named both below as well as on the Jesus Prom registration form.

I have legal custody of the participant named below, a minor, or I am of legal age to consent to these terms and conditions.

Participant's Full Name (Please Print)

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Guardian's Signature (Or participant's if participant is of legal age and consent)

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Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_