



**Child Evangelism Fellowship of Southern California, Inc.,
South Santa Barbara County Committee**

Consent and Release Form

Travel Waiver for Minors

Item number six of the Child Evangelism Fellowship (CEF®) USA Child Protection Policy fact sheet states, "Even when ministry to children is not taking place, an additional adult or minor must be present when two workers are together and one is a minor, unless the minor's parent or guardian has signed a waiver."

I understand that there may be occasions when my child may be traveling from location to location in the company of only one adult of legal age. Therefore, I, the parent or legal guardian of above-named student, a minor, hereby waive the above requirement for this minor and give my permission for him/her to travel with Child Evangelism Fellowship without being accompanied by two or more adults at any given time.

Travel Waiver (choose one) YES or NO

Liability Release

In the unlikely event that my child is injured while participating in official CEF activities or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for CEF granting my child permission to participate at CEF activities, I hereby release Child Evangelism Fellowship of Southern California, its employees and volunteers from liability or injuries occurring in CEF activities.

I further acknowledge that my child is responsible to fasten his/her seatbelt and to abide by all traffic laws while involved in CEF activities or in route to such activities.

In case of emergency, I hereby authorize CEF South Santa Barbara County Chapter to contact emergency personnel and release pertinent personal information so that my child may receive treatment.

Liability Release, Consent for release of information and for treatment (choose one) YES or NO

Model Release (Use of photographs)

Pictures or video may be taken for the use of promoting CEF activities. I allow CEF to use photos of my child for promotional and advertising purpose:

Model Release (Choose one) YES or NO

_____ **Print** full name of participant (First and Last Name)

_____ Age of Participant

_____ **Print** full name of Parent/Guardian of Participant

_____ **Signature** of Parent/Guardian of Participant

_____ Date (month, day, year)

E-mail: _____ **Phone Number:** _____

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South Santa Barbara County Chapter

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