



**General Release Form**

**Bright Christian Church**

24457 Stateline Rd, Lawrenceburg, IN 47025

**Please complete the form below to provide your consent.**

**Parent/Guardian Consent Form**

Student's Full Name: \_\_\_\_\_ Student's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

Parent's Preferred Contact Method:

☐ Phone Call ☐ Email ☐ Text Message ☐ Other: \_\_\_\_\_

**Volunteers who are given permission to contact my child according to the Student Ministry Handbook Guidelines:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Caleb Edens        | <input type="checkbox"/> Danielle Edens | <input type="checkbox"/> Jordan Gygi               |
| <input type="checkbox"/> Erin Hisle         | <input type="checkbox"/> Katie Jackson  | <input type="checkbox"/> Kevin Kallmeyer           |
| <input type="checkbox"/> Kristina Kallmeyer | <input type="checkbox"/> Nick McDonough | <input type="checkbox"/> Taylor McDonough          |
| <input type="checkbox"/> Terri Osborne      | <input type="checkbox"/> Tim Osborne    | <input type="checkbox"/> Matt Simpson              |
| <input type="checkbox"/> Mike Smith         | <input type="checkbox"/> Tina Smith     | <input type="checkbox"/> John Springman (Big John) |
| <input type="checkbox"/> Zac Strobl         | <input type="checkbox"/> Susie Terrell  | <input type="checkbox"/> Miranda Wintz             |
| <input type="checkbox"/> Other(s): _____    |   |  |
| <input type="checkbox"/> None               |   |  |

**I, the undersigned, give permission for the Staff of the Student Ministry at Bright Christian Church to contact my child according to the Student Ministry Handbook Guidelines:**

☐ Yes, I give permission ☐ No, I do not give permission

**I, the undersigned, give permission to Bright Christian Church to use photos of my child for church-related purposes, including but not limited to social media, websites, promotional materials, publications, and other ministry communications.**

☐ Yes, I give permission ☐ No, I do not give permission

HOPE SHINES BRIGHT

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have any questions or concerns, please contact us at (812) - 637 - 3388.

Thank you for partnering with us to support your student's spiritual growth!

Sincerely,  
Student Ministry Staff  
Bright Christian Church