

Parental Consent and Liability Release Form

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____
ADDRESS _____
HOME PHONE _____
SCHOOL _____ GRADE _____
PARENT(S)/GUARDIAN NAME(S) _____/
WORK PHONE(S)/CELL PHONE(S) _____/

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child: _____
("Participant"), to attend and participate in **Sunset Drive United Methodist Church** children or youth ministry activities, events, and retreats during the year of _____.

LIABILITY RELEASE: In consideration of SDUMC allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold Sunset Drive United Methodist Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) child/youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by **SDUMC**. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Photo Permission/Release

I give Sunset Drive United Methodist Church permission to post pictures of my child/youth taken at Church events on bulletin boards within the Church facility.

(please initial yes or no) _____ Yes _____ No

I give SDUMC permission to post pictures of my child/youth taken at Church events on the Church Webpage/social media sites.

(please initial yes or no) _____ Yes _____ No

I give SDUMC permission to send pictures to the newspaper for the purpose of publicity. I understand that if names are used, my child's/youth's first name only will appear.

(please initial yes or no) _____ Yes _____ No

Medical Information and Signature

Medical Insurance: Yes ___ No ___ Insurance Company: _____

Policy/Group ID #: _____ Emergency Contacts in case parent(s) can't be reached:

Name: _____ Phone #: _____

Allergies or Medical Conditions: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____