

Stanardsville United Methodist Church Parental Consent and Liability Release Form

Participants Name _____ Age _____

Birthdate _____

Address _____

City/State/Zip _____ Home Church _____

Phone _____ Email _____

Parent/Guardian _____

Work Phone _____ Cell Phone _____

School Name _____ Grade _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child

(Participant) to attend and participate in Stanardsville United Methodist Church (SUMC) children or youth ministry activities, events, and retreats during the period _____ through _____.

LIABILITY RELEASE: In consideration of SUMC allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless SUMC, 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 parents(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 Participants(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 prearrange any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant, pursuant to funding by parent/guardian and/or scholarship. 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 service rendered to the aforementioned child or youth pursuant to this authorization.

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 SUMC. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Parent(s)/Guardian(s) signature:

Date _____

PHOTO RELEASE: By my signature below and consent by checking Yes or No, permission is given for the Church, without further consideration or compensation, to use any photos taken of said child/youth during SUMC activities. Such photos may be used in a variety of media outlets. The names and other identifying information of the children will NOT be disclosed. I understand that SUMC remains the sole owner of such photographs and that no financial profit will be made by it or

the photographers by my image without my (our) \ written consent. Yes _____ No _____

Medical Insurance: Yes _____ No _____ Insurance Company _____

Policy/Group ID# _____

Emergency Contacts (in case parent(s) cannot be reached:

Name _____ Phone Number _____

Allergies or Medical Conditions:

Names of responsible parties that children may be released to other than parents:

Parent(s)/Guardian(s) signature: _____

Date _____