

## PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM (2016-2017)

PARTICIPANT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
GRADE/SCHOOL \_\_\_\_\_  
PARENTS/GUARDIAN NAME(S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PARTICIPANTS EMAIL ADDRESS: \_\_\_\_\_  
PARENT'S BEST CONTACT EMAIL(S): \_\_\_\_\_  
PARENTS BEST PHONE(S): \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for my youth \_\_\_\_\_ (Participant) to attend and participate in St. George's United Methodist Church youth ministry activities, events, and retreats during the period of 2015 – 2016.

**LIABILITY RELEASE:** In consideration of St. George's United Methodist Church allowing the Participant to participate in youth ministry activities, I, the undersigned do hereby release, forever discharge and agree to hold harmless St. George's United Methodist Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liabilities, 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. I parent or legal guardian, of this Participant, hereby grants my permission for the Participants to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, I, on behalf of my minor Participant, 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 hereby given to the Church to furnish any transportation (within the limitations of the church insurance and the law), food and lodging for this Participant. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful and intentional acts of said Participant, including expenses incurred attendant thereto.

**PERMISSION FOR MEDICAL TREATMENT:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray, examination, anesthetic, medical, surgical and/or dental diagnosis or treatment and hospital care to be rendered to the minor under the general and specific supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with each medical and dental services rendered to the aforementioned Participant pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for the Participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for Participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by St. George's United Methodist Church. The Participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

**PHOTO PERMISSION:** I understand all confidentiality and respect will be given to display pictures on the church website and Facebook page. No names/personal information will be shared. Yes  No

Medical Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Emerg. Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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