

Harrisonburg District United Methodist Church Parental Consent and Liability & Media Release Form

Participant's Name: _____ Age: _____ Birthdate: _____

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Participant's Name: _____ Age: _____ Birthdate: _____

Address: _____

Guardian Name _____ Relationship: _____ Phone: _____

GuardianName: _____ Relationship: _____ Phone: _____

Home Phone or Cell, of Teenager: _____ School: _____ Grade: _____

Emergency Contact (other than listed above): _____ Relationship: _____ Phone: _____

Email for guardian(s) & teenager(s) _____

To Whom It May Concern:

The undersign hereby give permission for my (our) child(ren) _____ (Participant) to attend and participate in **Harrisonburg District U.M.C. MINISTRY EVENTS** sponsored by the Harrisonburg District United Methodist Church.

Liability Release: In consideration of the **Harrisonburg District of the United Methodist Church** allowing the Participants to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever **discharge**, and agree to hold harmless The **Harrisonburg District of the United Methodist Church**, its directors, employees, volunteers and agents (collectively herein the "Church") from 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 permission for the Participant to participate fully in children/youth ministry activities, including trips away from home 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 participant's involvement 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 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 aforementioned child or youth 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 costs and responsibility.

Photo Release: I hereby grant _____/do not grant _____ permission for **The Harrisonburg District of the United Methodist Church** to use pictures of my child/children on the church's website and/or Facebook page for informational or promotional purposes.

Medical Insurance: Yes _____ No _____ Insurance Provider: _____ Policy/Group ID# _____

Allergies or Medical Condition: _____

Parent or Guardians Name: _____ Date: _____

Signature: _____