

APPENDIX K

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

WAIVER FORM

Bel Air United Methodist Church
21 Linwood Avenue
Bel Air, MD 21014

Ministry/Ministry Event: _____

Requested Policy Waiver: _____

Reasons For Requested Waiver: _____

Duration Of Waiver: _____

Parental Consent Required (See Policy Section 8.0)

____ Yes

____ No

THE UNDERSIGNED HEREBY ACKNOWLEDGE AND CONSENT TO THE FOREGOING WAIVER(S) OF THE POLICY OF BEL AIR UNITED METHODIST CHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH. SUCH WAIVER(S) IS/ARE BEING PROVIDED ONLY WITH RESPECT TO THE SPECIFIC MINISTRIES AND/OR EVENTS DESCRIBED ABOVE. ANY REQUIRED PARENTAL CONSENT TO THE FOREGOING WAIVER(S) MAY BE REVOKED AT ANY TIME PRIOR TO THE COMMENCEMENT OF THE DESCRIBED MINISTRY EVENT DESCRIBED ABOVE BY COMMUNICATING SUCH REVOCATION IN WRITING TO _____.

Parent Signature (If Consent Is Required)

Senior Clergy Signature

Printed Name Of Parent

Printed Name Of Senior Clergy

Parent Signature (If Consent Is Required)

Printed Name Of Parent