

First United Methodist Church of Union County Youth Ministries

Parental Consent, Medical and Liability Release Form 2023-24

Name of Youth _____ Member of FUMC (Y / N)

Date of Birth _____ Address _____

City _____ State _____ Zip Code _____

School _____ Grade _____

Parent (s) or Guardian Formation:

Name:

Email:

Cell Phone

Insurance Co. _____

Policy# _____

Primary Care Giver/Physician _____

Are there any medical/health conditions, allergies (medicines/food/animals), past surgeries, dietary needs that youth leaders should be made aware of? Please include or list any medicines that your child has permission to take at a regular youth meeting, activity, or overnight trip. Prescribed medication must have the child's name on the label.

(If there is more information that needs to be added, please do so in the margins of this form
nor on another sheet of paper)

Emergency Contact Information:

Name:

Email:

Cell Phone

Parental Consent, Medical, and Liability Release Form 2023-24

Functions and Activities

I give permission for my above-named child to attend and participate in activities, programs and trips sponsored by First United Methodist Church of Union County. Prior to my participation, or the participation of my child, I acknowledge that there are certain risks associated with these activities, including by way of example, physical injury due to activity-related accidents, physical injury due to presentation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this parental consent and liability form, I expressly, warrant that this child named on page one of this form or I, if I am a participant, I am capable of withstanding the physical and mental demands of these activities, whether such risks are known or unknown to me at this time. I further release the church and its minister, leaders, employees, volunteers, and agents from any claim that I or my child may have against them because of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of afore mentioned youths or my family or estate, heirs, representatives of assigns may have against this church or it's ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation or as a result of injury or illness of my child that occur while participating the above described activities, programs, and trips from August 2023-July 2024.

First Aid and Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health conditions or injury. I authorize an adult, in whose care the child has been entrusted to consent to any x-ray, examination, anesthetic, medical or surgical, dental diagnosis or treatment, and hospital care, to be rendered by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

Permission to Use Photos

I give permission for the church, whether that being ministers, staff, leadership and/or volunteers to use photos of my child in church publications such as church newsletters, church website, or other ministry/church related areas with the understanding my child's name will never be published, given, or posted on said publications.

If you agree with the statement above and give permission for photos to be used, please sign below.

Parent Name _____

Parent Signature _____

Permission to Contact Youth

I give permission to contact my child via phone call, email, text message, and/or social media with the understanding that these means of communication will not be used in an inappropriate manner. Primary use for said communication will be for giving information about upcoming youth activities of First United Methodist Church of Union County and establishing whether they will be participating in those activities.

Youth Cell Phone#: _____ Youth Email: _____

Parent Name _____

Parent Signature _____

Youth Covenant

Along with the leaders and other youth I agree to conduct myself in a Christian manner. I promise to respect God, adult youth leaders, myself, all others, and all property that is and is not mine. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in these activities of the church, my participation in church activities depends on the support of this agreement. By signing this covenant, I understand that I am subject to be sent home and am responsible for any legal consequences if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect of authority, damage of property, sneaking out or leaving youth event property without permission, hazing, bullying, pranks or any other activity that adult leaders or Director of Youth Ministries deem as inappropriate. I covenant to strive to make each event, activity, or trip the best that it can be.

Youth Signature _____ **Date** _____

If Participant is a Minor

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Consent and Waiver Form and am fully familiar with the contents thereof. I have permission for the child above to participate in the activities of this church as described above, on behalf of my child, and agree that this Permission and Waiver Form shall be upon me and my estate. I realize that if my child breaks the **"Youth Covenant"** above, he or she is subject to be sent home at my expense.

Signature of Parent/Legal Guardian _____ **Date** _____

**First United Methodist Church of Union County - Methodist Youth Fellowship (6th-12th) Grade
ASSUMPTION OF RISK AND INSURANCE CERTIFICATION**

Many recreational activities and outdoor programs involve substantial risks of bodily injury or death, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to, the following: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, and heat exhaustion.

Each participant in these activities should realize that there are risks and dangers inherent in them, and in the training for, participation in, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that the First United Methodist Church of Union County Methodist Youth Fellowship (MYF) or 6th-12th Grade youth program does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any outdoor program or recreational activity.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary outdoor or recreational activities, and that I am solely responsible for providing proof of and maintaining adequate health and accident insurance coverage for such costs.

I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities or programs.

**First United Methodist Church of Union County - Methodist Youth Fellowship (6th-12th) Grade
RELEASE, WAIVER OF LIABILITY, AND COVENANT OF NOT TO SUE**

The undersigned hereby acknowledges that participation in outdoor and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of First United Methodist Church of Union County Methodist Youth Fellowship allowing the undersigned to participate in voluntary recreational programs or outdoor activities in connection there with, and making available to the undersigned for his or her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Church, the undersigned participant does hereby waive liability, release and forever discharge First United Methodist Church of Union County Methodist Youth Fellowship, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such outdoor programs and recreational activities.

I further covenant and agree that for the sole consideration stated above I will not sue First United Methodist Church of Union County or the Methodist Youth Fellowship of said church, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or outdoor activities.

I understand that the acceptance of this "Release, Waiver of Liability, and Covenant Not to Sue" the Church or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

This "Release, Waiver of Liability, and Covenant Not to Sue" shall remain in effect for as long as I am a participant in outdoor programs or recreational activities offered by the church. Further, I understand that, if I am an employee or member of the church, this "Release, Waiver of Liability, and Covenant Not to Sue" shall be effective during the entire period of my membership or employment at the church.

I certify that I am 18 years of age and suffering no legal disabilities and that I have carefully read and understand this notice.

Print Name: _____ **Signature:** _____

Date: _____ **Lead Facilitator/Director:** _____

Signature of parent/guardian (if under 18): _____

Print Name: _____ **Cell Phone#:** _____

Address: _____