

## Parental Consent and Liability Release Form

PARTICIPANT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child: \_\_\_\_\_ ("Participant"), to attend and participate in **Music Camp** sponsored by **St. John's UMC**, Springfield, VA, June 27-July 2, 2017.

**LIABILITY RELEASE:** In consideration of **St. John's UMC** allowing the Participant to participate in children/youth ministry activities, we (I) the undersigned, do hereby release, forever discharge and agree to hold harmless **St. John's UMC**, 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 parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in children/youth ministry activities, including trips away from the 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 participation 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 the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff or 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 services rendered to the aforementioned child pursuant to this authorization .

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Medical Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_

Emergency Phone #s in case parent/guardian cannot be reached: \_\_\_\_\_

Allergies or Medical \_\_\_\_\_

Parent/Guardian Signatures: \_\_\_\_\_ Date \_\_\_\_\_

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**PERMISSION TO USE PHOTO OR IMAGE:** I hereby give permission to St. John's United Methodist Church (UMC) to use my photo or image or an image of a child under my guardianship on its web site. I understand that St. John's UMC will not use my child's photo or likeness in any other context without again seeking my permission. St. John's UMC stipulates that no other indicator of identity will be used in connection with the photo or image. IF YOU DO NOT WANT YOUR CHILD'S PHOTOGRAPH OR IMAGE SHOWN ON THE ST. JOHN'S UMC WEBSITE, PLEASE MARK "X" THROUGH THIS PARAGRAPH.