

St. Paul's United Methodist Church - YOUTH RELEASE FORM

This release will be used from September 2026 /August 2027

We, _____, parent(s) of _____ minor(s), jointly and severally as parents(s) and guardian(s) of the minor child(ren), release and discharge and agree to hold harmless and indemnify the St. Paul's United Methodist Church (SPUMC), its agents, employees, and all persons connected therewith from any and all liability, claims and causes of action of any type whatsoever arising out of, or in any way connected with said child's participation in the activities of the St. Paul's United Methodist Church. I understand my child(ren)/youth may not participate in the activities of St. Paul's United Methodist Church unless I sign this release form.

We further give our permission of our child(ren) to be treated by competent medical personnel as a result of any accident or medical emergency while involved in the activities of St. Paul's United Methodist Church.

By registering or participating in any SPUMC group, activity or event, the parent/guardian is giving permission for the participant's photo to be used in SPUMC publications, print or online, unless SPUMC is given a written request from the parent/guardian to the contrary.

I have read and fully understand this release. Date: _____

Signature/Relationship

Signature/Relationship

Child's Name _____ Birth Date _____ Age/Grade ____/____
First Middle Last (as of September 2026)

Medicine youth can **not** take _____ Allergies _____

Special health problems/concerns _____

Child's Name _____ Birth Date _____ Age/Grade ____/____
First Middle Last (as of September 2026)

Medicine youth can **not** take _____ Allergies _____

Special health problems/concerns _____

Child's Name _____ Birth Date _____ Age/Grade ____/____
First Middle Last (as of September 2026)

Medicine youth can **not** take _____ Allergies _____

Special health problems/concerns _____

Father's Name _____ Father's Work # _____

Father's Cellular Phone # _____

Mother's Name _____ Mother's Work # _____

Mother's Cellular Phone # _____

Primary Contact email _____ Youth email _____

Address _____ Home Phone # _____
Street City ZIP

Name of another authorized person
in case of emergency _____ Phone # _____

Doctor's Name _____ Doctor's Phone # _____

Insurance Company _____ Contract # _____ Phone # _____