

Jamestown United Methodist Church
CONFIRMATION CLASS OF 2012
PARENTAL CONSENT & LIABILITY RELEASE FORM

Release of All Claims

STUDENT INFORMATION

FULL NAME: _____
First Middle Last Suffix

Age _____ Birth Date _____ / _____ / _____ Baptism Date: _____ / _____ / _____

Street Address _____ City _____

State _____ Zip Code _____ M/F _____ School _____

Home Phone # (_____) _____ Student's Cell # (_____) _____

Student's Email Address (please write clearly) _____

Any allergies or special medical problems: _____

PARENT INFORMATION

Father's Name _____ Mother's Name _____

Father's Work# (_____) _____ Mother's Work# (_____) _____

Father's Cell# (_____) _____ Mother's Cell# (_____) _____

Father's Email Address (please write clearly) _____

Mother's Email Address (please write clearly) _____

OTHER INFORMATION

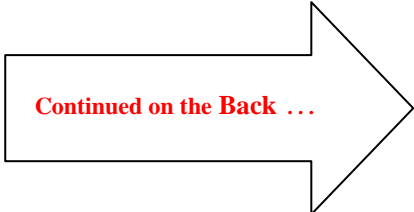
Insurance Company _____ Policy # _____

Physician's Name _____ Physician's Phone # _____

Emergency Contact Person (other than parents)

Name _____ Home Phone (_____) _____

Work Phone (_____) _____ Mobile Phone (_____) _____



The undersigned does hereby give permission for our/my child, (please print full name of child)
_____, to attend and participate in any and all **2011-2012**
CONFIRMATION activities/events sponsored by Jamestown United Methodist Church.

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will be taken at all times by the Jamestown United Methodist Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Jamestown United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form for any or all of the **2011-2012**
CONFIRMATION activities or events.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in any and all **2011-2012 CONFIRMATION** events and activities sponsored by Jamestown United Methodist Church.

Further, should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

We (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant) do hereby release, forever discharge and agree to hold harmless Jamestown United Methodist Church and the directors thereof from any and all liability, claims or demands for 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 child-participant that occur while said child is participating in any or all **2011-2012 CONFIRMATION** activities or events. Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, 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.

I also give Jamestown United Methodist Church permission to use my child's photo in future publications, brochures, communications, on the church website and other publications used by the church.

Name of Parent/Legal Guardian (PLEASE PRINT)

Signature of Parent/Legal Guardian

Date: _____