

Jamestown United Methodist Church Youth Fellowship 2011

PARENTAL CONSENT & LIABILITY RELEASE FORM

Release of All Claims

STUDENT INFORMATION

Name _____ Age _____ Birth Date ____/____/____

Street Address _____ City _____

State _____ Zip Code _____ M/F _____ School _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

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 # _____

Participant (print) _____ Date _____

Father (print) _____ Date _____

Mother (print) _____ Date _____

Legal Guardian (print) _____ Date _____

Emergency Contact Person

Name _____ Home Phone (_____) _____

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

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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 Youth Fellowship** 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 Youth Fellowship** 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 Youth Fellowship** 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 Youth Fellowship** 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.

Custodial Parent's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____