Parent/Guardian Consent & Release

I, _____ am the parent/guardian of _____,

and I hereby consent for my child to attend and participate in any and all activities provided by Genesis United Methodist Church [Church], including trips that take them away from the church premises. I also agree that the subject of this release will abide by general conduct rules, participate in all events, and respect the other students and adults. I acknowledge that if the subject of this release has to return home early for any reason deemed necessary by the Church through its staff or volunteers, it will be at my expense.

I further give permission for my child to be photographed or videotaped while they attend the church events and agree that these photographs may be used for Church displays, for informational displays in public settings, in Church newsletters, on the Church Web site (using FIRST NAME ONLY), on the Church Facebook site, or by the local media for informational or promotional purposes as determined by the Church.

While I understand it is the policy of the Church that reasonable safety precautions will be taken at all times by the Church and its agents during its events and activities, I understand that injury to participants or loss and damage may still occur. Accordingly, I agree to waive responsibility for release from and hold harmless Genesis United Methodist Church, its leaders, employees, and volunteer staff liable for any and all damages, losses, diseases, injuries, or even death incurred by the subject of this form.

I hereby authorize and consent to any treatment by a licensed hospital and/or physician as they deem necessary for the subject of this authorization in the event of an urgent health issue.

_____ _____

Signature of Parent/Guardian Date

Pertinent Information

Child's Full Name _____

Parent/Guardian Names _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Health/Medical Insurance Co _____ Policy Number _____

☐ Child has no known allergies or chronic medical conditions.

☐ Child has the following allergies or chronic medical conditions.

_____

_____

☐ Child is taking the following medical prescriptions.

_____

Name/Address of Child's Physician _____