LOVE GOD, SERVE ALL, CHANGE LIVES

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for_____ (name of child/youth) to participate in the activities of Grace United Methodist Church, both on the church premises and elsewhere. In consideration of the opportunity of my/ our child/youth to participate in the activities of Grace UMC, I/we release Grace United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Grace UMC and I/we agree to indemnify and hold forever harmless the Grace United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Grace UMC or resulting from traveling to or from the activities of Grace UMC, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

_____ _____

Parent/Custodial Adult Parent/Custodial Adult

Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult. ☐ **Yes** ☐ **No**

_____ _____

Parent/Custodial Adult Parent/Custodial Adult

Date: _____

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Christ United Methodist Church.

I/we ☐ **do** or ☐ **do not** give permission for a recognizable image of my child to be posted on the Grace UMC website or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

_____ _____

Parent/Custodial Adult Parent/Custodial Adult

Date: _____

Emergency Medical/contact Information for Children and Youth Activities

Child/Youth name: _____ Birthdate: _____
Address: _____
Home Phone: _____
Parent(s)/Custodial Adult(s)' Name(s): _____

Parent(s)/Custodial Adult(s) Phone Numbers:
Work Phone(s): _____ _____
Cell Phones(s): _____ _____

In case of emergency contact:

1) **Name: _____ Daytime Phone: _____**
   Relationship: _____ Evening Phone: _____
2) **Name: _____ Daytime Phone: _____**
   Relationship: _____ Evening Phone: _____

Name and phone number of primary treating physician:

_____

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

_____

_____

_____

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____(child/youth's name), I/we give permission for Grace United Methodist Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

_____ _____

Parent/Custodial Adult Parent/Custodial Adult

Medical Insurance Company: _____
Policy/Group Number: _____
Participant I.D. Number: _____
Medical Insurance Phone Number: _____

The following people have permission to pick up my child:

_____

_____

Parent Signature: _____ Date: _____