

PARENTAL CONSENT AND LIABILITY RELEASE FORM

Activity: _____

Name of Participant: _____

Age: _____ Birthdate: _____ Grade: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____

I, the undersigned, do hereby give permission for my child named above to attend and participate in the activity(ies) named above, sponsored by FIRST UNITED METHODIST CHURCH, GADSDEN, ALABAMA. I, the undersigned, do also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in said activity(ies), and for said church to furnish any necessary transportation, food, and lodging for this participant.

I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treat, on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I, the undersigned, shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or disciplinary problems, I shall assume all transportation costs.

Furthermore, I, the undersigned, on behalf of my minor child do hereby release, forever discharge and agree to hold harmless FIRST UNITED METHODIST CHURCH of Gadsden, Alabama, its directors, employees and agents (including adult volunteers) from any liability, claims or demands for personal injury, sickness or death, as well as property damages 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 the above described activity(ies). Furthermore, I assume all risk of personal injury, sickness, death, damage or expense that may occur as a result of participation said activity(ies). The undersigned further agrees 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.

Insurance Company: _____ Policy Number: _____

[Please attach a copy of both sides of insurance card.]

Please list any allergies, special medical problems, or medications of above named participant: _____

Parent or Legal Guardian/ Date

Parent or Legal Guardian/Date