

MEDICAL PERMISSION AND LIABILITY RELEASE FORM

September 1, 2009 – August 31, 2010

We (I) the parent(s) or legal guardian(s) of _____ hereby grant our (my) permission for him/her to participate fully in events and activities sponsored by or attended by Front Street United Methodist Youth Fellowship during the time period of September 1, 2009 through August 31, 2010.

Authorization and permission is hereby given to said church (Front Street United Methodist Church) to furnish any necessary transportation, food, and lodging, for this participant during the excursions and activities of the youth ministry program.

I understand all safety precautions will be taken at all times by Front Street United Methodist Church and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Front Street United Methodist Church, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the participant who is the subject of this form. Furthermore, I (and on behalf of my youth - participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached or the alternate contact person cannot be reached in an emergency I hereby give my 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. Coverage by Front Street United Methodist Church can be used as a backup policy only if the accident or injury takes place on the church property.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Parent

Legal Guardian

Participant, if age 21

Please fill out attached Health Form.

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, A NOTARY PUBLIC FOR SAID COUNTY
AND STATE, DO HEREBY CERTIFY THAT _____
PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE
EXECUTION OF THE FOREGOING INSTRUMENT.

WITNESS MY HAND AND OFFICIAL SEAL, THIS THE _____ DAY OF
_____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____



Front Street UMYF

Derek Tang, Director of Youth Ministries
P.O.Box 2597, Burlington NC 27216-2597
(336)227-6263/(336)213-8649
dktang@bellsouth.net/dtang@triad.rr.com

Permission to use Likeness Form

I, _____ (parent/guardian), do hereby give my permission for my dependent child's likeness and/or photograph to be used for informational and promotional purposes for the Youth Ministries of Front Street United Methodist Church (In print, video, multimedia, and internet) for the period beginning September 1, 2009 through August 31, 2010. I also hereby indicate my understanding that images of my youth are not limited to images at church, but may also include images from off-site activities and programs (such as mission trips, ski trips, etc.) that are official Front Street UMYF events.

The above stated church agrees to make every effort to protect the privacy and dignity of your children. We will never include biographical information in connection with your child's picture/likeness. (Full name, address, e-mail address, etc.) Additionally, if you or your dependent request that a picture be removed, it will be done so immediately. In the case of an internet picture, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

(Name of Youth)

(Signature of parent or guardian)

(Date)

This original document will be kept on file at the office of the Youth Director. If you would like a copy, please do not hesitate to request one.