

**PARENTAL PERMISSION AND RELEASE OF ALL LIABILITY**  
**For participation in approved Off-Campus Christian Education Activities for Children and Youth**  
**Belin Memorial United Methodist Church - Murrells Inlet, South Carolina**

For and in consideration of the mutual promises and covenants contained herein, permission is hereby granted for my son/my daughter (circle one) \_\_\_\_\_ (please print youth's name) to participate in \_\_\_\_\_ sponsored by the Belin United Methodist Church, (dates) \_\_\_\_\_ (location) \_\_\_\_\_

All chaperones provided by Belin will all have Safe Sanctuaries clearance. It should be assumed by all that any off campus trips involve some risk.

I understand that the Belin Memorial United Methodist Church will provide adult leadership and supervision during all special activities. I also understand that Belin Memorial United Methodist Church is providing activities for my child, which, without this Parental Permission and Release of All Liability, it could not otherwise provide. For and in consideration of Belin Memorial United Methodist Church providing these activities for my child and for and in consideration of Belin Memorial United Methodist Church providing adult leadership and supervision, as the legal parent or guardian of this child, I hereby release and hold harmless Belin Memorial United Methodist Church, its officers and directors, successors and assigns and all those people serving as leaders for the activities contemplated herein of and from any and all present or future claims, actions, causes of action, expenses, special damages or consequential damages and compensation of any nature, type or description whatsoever, or any other act or omission, or any other theory of recovery which parent now has, or which may hereafter accrue or otherwise be acquired by or assigned to parent on account of or in any way arising out of my child participating in this activity.

In the event that my child needs medical care, I authorize the designated group leader, and/or any other person responsible for my child, to take whatever action is necessary in the best interest of my child. I have read the above language and understand the effect of signing this form. Any and all questions about this form have been answered completely and to my satisfaction.

Additional specifics of this trip/activity that constitute expectations or guidelines:

Program Director in charge of this trip or activity: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Prescribed medications necessary while engaged in activities shall be given to the adult in charge in their original container with explicit written instructions for administration. Please list below:**

**Allergies/medical conditions/medical instructions about which leader(s) should be aware:**

**\*Parent: By signing this Parental Permission and Release of all Liability form, I am also indicating that I am the parent or natural guardian of this child and that I have adequate medical and/or health insurance in the event that medical expenses are incurred as a result of an accident. Furthermore I have correctly provided all required and necessary information requested.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth: My signature signifies that I will abide by the guidelines, rules of conduct, and instructions given by adult leaders at all times while engaged in this activity.**

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_