

# Community United Methodist Church Permission/Media/Medical Waiver

Name of Child (please print)

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Parent(s) and/or legal guardian(s) of child participant

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Address

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Home Phone (\_\_\_\_\_) \_\_\_\_\_

Parent's Cell (\_\_\_\_\_) \_\_\_\_\_

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Student's Cell (\_\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade / Age \_\_\_\_\_

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School: \_\_\_\_\_ Parent Email: \_\_\_\_\_

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## Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of Community UMC is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

## Release of Liability

By signing this Permission/Waiver Form, I expressly assume all risks of the child participating in the activities at Community UMC, whether such risks are known or unknown to me at this time. I further release Community UMC and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Community UMC or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless Community UMC and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

## First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Community UMC to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

## Special Events and Field Trips

I understand that the child named above may be participating in local service projects and fellowship events during church events. All CUMC child policies apply to transportation. Drivers and passengers must comply with all applicable laws. All drivers must be age 25 or older.

## Health Insurance Information

Insurance Company \_\_\_\_\_  
\_\_\_\_\_

Policy Number

Insurance Company Phone Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_  
\_\_\_\_\_

Phone number

**Emergency Contacts**

Names of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_  
\_\_\_\_\_

Relation

Home Phone \_\_\_\_\_  
\_\_\_\_\_

Work Phone

Name \_\_\_\_\_  
\_\_\_\_\_

Relation

Home Phone \_\_\_\_\_  
\_\_\_\_\_

Work Phone

**Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

**Other Information**

Other information leaders should know about the child:

**Authorization for Media Release**

- Community United Methodist Church may post a photograph and/or video of my child on the church's website or use a photograph of my child in their publications. I understand that photos will not be labeled with names.
- I ask that Community United Methodist Church not post photographs and/or videos of my child on the church's website or use a photograph of my child in their publications

I give permission for the child named above to participate in the activities of Community United Methodist Church, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of Community United Methodist Church, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian \_\_\_\_\_  
Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_