

Parental Consent and Liability Release Form

Participants Name: _____ **Age:** _____ **Birth Date:** _____

Address: _____

Phone: _____ **School:** _____ **Grade:** _____

Parent/Guardian Name: _____

Work Phone(s)/Cell Phone(s): _____/_____

Parent/Guardian Name: _____

Work Phone(s)/Cell Phone(s): _____/_____

To Whom It May Concern:

The undersigned do(es) hereby give permission for our (my) Child:

("Participant"), to attend and participate in **Youth Ministry Events** sponsored by **Mount Olivet United Methodist Church and Walker Chapel United Methodist Church** from September 10, 2023 – September 11, 2024.

Liability Release: In consideration of **Mount Olivet United Methodist Church (UMC) and Walker Chapel (UMC)** allowing the Participant to participate in youth ministry events, we (I), the undersigned, do hereby release, forever discharge, and agree to hold harmless **Mount Olivet UMC and Walker Chapel UMC**, their directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth ministry events. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry events, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant] hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved with youth ministry events therein.

Further, authorization and permission is hereby given to said Church to furnish necessary transportation (within the limitations of church insurance and law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as a result of the negligent, willful, or intentional acts of said Participant, including expenses incurred attendant thereto.

Early Return Home Policy: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Transportation Permission: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in youth ministry events sponsored by **Mount Olivet UMC and/or Walker Chapel UMC**. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Photo Release: The undersigned additionally gives permission for the church to publish photographs or video of my youth on the church website, social media and in the church newsletter.

Parent/Guardian Signature(s):

_____ **Date:** _____

Parental Consent and Liability Release Form (cond.)

Medical Insurance: Yes _____ No _____ Insurance Company: _____

Policy/Group ID#: _____

Emergency Phone #s in case parent/guardian cannot be reached:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Allergies or Conditions: _____

Other Dietary Considerations: _____

Any History of Serious Illness (Diabetes, Asthma, Epilepsy, etc.) or recent hospitalizations: _____

What Medications (if any) are presently being taken?: _____

Medical Treatment Permission: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and 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 or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Parent/Guardian Signature(s):

_____ **Date:** _____

North Glebe Youth Contact Permission Form

Both Mount Olivet and Walker Chapel UMC utilize an email roster for the purposes of communication. Event reminders, newsletters, and program notices will be sent to students and parents alike. We employ social media accounts such as Instagram and may contact Youth using text messages for specific ministry opportunities.

By signing below, you are giving Mount Olivet and Walker Chapel UMC permission to email, text, as well as like and follow-on social media accounts upon request of the student for the purposes above. Mount Olivet nor Walker Chapel UMC will disclose this information to any business or agency outside this ministry.

Youth Name: _____

Youth Email: _____

Youth Cell#: _____

Parent(s)/Guardian(s) Signature:

_____ **Date:** _____

Transportation

Mount Olivet and Walker Chapel's Child Protection Policy provides: "A minimum of two adults, one of whom must be a lead volunteer, will be scheduled for any children's or youth event or activity at Mount Olivet. To the extent possible, two adults will be present for the duration of the event or activity. Supervision will increase in proportion to the risk of the activity."

When transporting youth, we make every effort to place two adults in each vehicle. However, there are times when we have more youth or fewer adults than expected. If we do not have enough adults, we will assign no fewer than two youths to ride in a vehicle with one adult, but only with your written permission. To give permission for your youth to ride in a vehicle with one adult and at least one additional youth, please fill out the form below.

Name of Youth: _____

Has my permission to ride in a vehicle with an adult volunteer provided there is at least one additional youth in the vehicle.

Parent(s)/Guardian(s) Signature:

_____ **Date:** _____