

Glenview United Methodist Church Youth Ministry
Parent Consent and Liability Release Form 2018-2019

Youth's Name _____ BIRTH DATE _____
ADDRESS _____

Parent Main Phone # _____ YOUTH'S CELL # _____

PARENT(S)/GUARDIAN NAME(S) _____

MOTHER WORKPHONE(S)/CELL PHONE _____/ _____

FATHER WORKPHONE(S)/CELL PHONE _____/ _____

YOUTH'S EMAIL: _____ PARENTS' EMAIL: _____

Parents' Preferred Contact Method (non-emergency): (rank in order of preference) __Email __Facebook __SnailMail __Text __Home Phone

Youth's Preferred Contact Method: (circle all you give permission for) Email Facebook SnailMail Text Other_____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child: _____ to attend and participate in Glenview UMC's youth ministry activities, events and retreats during the periods of August 1, 2018 to August 1, 2019.

LIABILITY RELEASE: In consideration of Glenview UMC allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Glenview UMC, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for 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 youth Participant while involved in the youth activities. We (I) the parents(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, we (I) {and on behalf of our (my) minor youth-Participant(s)} hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation, 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 the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

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 youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) 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 activities sponsored by Glenview UMC.

Medical Insurance Company: _____ Policy ID#: _____

Name of Insured: _____ Group # _____

(attach a copy of the card to this form)

Emergency Contact and Phone #s: _____

Allergies or Medical Conditions: _____

Parent/Guardian Signature _____ Date _____

Media Release: I give permission for media such as photos, videos, sound clips to be used for the purposes of communication about the ministries of Glenview United Methodist Church, understanding that names will not be used. **Cross out those you do NOT give approval for:** 1. GUMC Website/GUMC Facebook Page 2. Facebook/Instagram of Ministry Staff and other Adults Working with Youth 3. GUMY Facebook Page (it is coming!) 4. Email 5. Newsletters/Mailings

Signature of Parent/Guardian _____

Date _____