

Goddard United Methodist Church
Combined Permission; Release, Waiver of Liability, and Indemnity Agreement;
And
Emergency Medical/Contact Information for Children and Youth Activities

Child /Youth Name: _____
(Last)(First)(M.I.)

Birthdate: _____

Address: _____
Street, City, State, Zip

Home Phone: _____

Parent(s)/Custodial Adult(s) Phone numbers:

Work Phone(s) _____

Cell Phone(s) _____

In Case of Emergency contact:

1) Name: _____ **Daytime Phone:** _____

Relationship: _____ **Evening Phone:** _____

2) Name: _____ **Daytime Phone:** _____

Relationship: _____ **Evening Phone:** _____

Name and phone number of primary physician:

Allergies (including medications Child/youth can NOT take) / Special Health Concerns:

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for Goddard United Methodist Church, its agents, staff and volunteers to obtain urgent or emergency medical care for my/our child and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Adult

Parent/Custodial Adult

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of Goddard United Methodist Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Goddard United Methodist Church, I/we release Goddard United Methodist Church, its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Goddard United Methodist Church; and I/we agree to indemnify and hold forever harmless the Goddard United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Goddard United Methodist Church or resulting from traveling to or from the activities of Goddard United Methodist Church, including loss or injury resulting from negligence or gross negligence. I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

Parent/Custodial Adult

Parent/Custodial Adult

Permission to Travel in Vehicle with One Adult present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.
(Yes) (No)

Parent/Custodial Adult

Parent/Custodial Adult

Date: _____

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Goddard United Methodist Church. I/we (DO) or (DO NOT) give permission for a recognizable image of my child to be posted on the Goddard United Methodist Church website or bulletin boards. I understand that a non-recognizable image, such as a group picture may be posted.

Parent/Custodial Adult

Parent/Custodial Adult