

ELUMC Parental Consent Form/Liability Release Form

Child's Name: _____ Grade: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent's Names: _____ (1)Phone #: _____

Email: _____ (2)Phone #: _____

To Whom It May Concern:

The undersigned does hereby give permission for my child, _____, to attend and participate in **all youth** activities sponsored by **Elizabeth Lee UMC**. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the above mentioned church. Further, permission is hereby given to church to furnish any necessary food and lodging for this child.

I do hereby release, forever discharge and agree to hold harmless **Elizabeth Lee UMC** and **their leaders** 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 child-participant that occur while child is participating in the activities.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein.

I authorize an adult, in whose care the child has been entrusted, to consent to take child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs.

Allergies/Medications or anything else we need to know about your child:

Hospital Insurance – YES ___ NO ___ Insurance Company _____ Policy# _____

Emergency Phone

Numbers: _____

Guardian's Signature

Date

Photography Release for Minor Child/Children: I hereby authorize **Elizabeth Lee UMC (ELUMC)**, to publish photographs taken of myself and/or the minor child/children listed below, and our names and likenesses, for use in the **ELUMC's** print, online and video-based materials, as well as other Church publications.

I hereby release and hold harmless **ELUMC** from any reasonable expectation of privacy or confidentiality for myself and for the minor child/children listed below associated with the images specified above. Further, I attest that I am the parent/guardian of the child/children listed below and that I have full authority to consent and authorize **ELUMC** to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the child/children will receive financial compensation of any type associated with the taking or publication of these photographs. I acknowledge and agree that publication of said photos confers no rights to ownership or royalties whatsoever.

I hereby release **ELUMC**, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Signature: _____ Relationship to Child: _____

Date: _____

Names of Child/Children:

Name: _____ Name: _____

Name: _____ Name: _____