

## 2023-2024 Release and Waiver, Offsite Permission, Medical Release & Photo/Video Release

### PLEASE PRINT NEATLY

Youth's Full Name : \_\_\_\_\_

Youth's Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Youth's Cell Phone: \_\_\_\_\_ Youth's Email: \_\_\_\_\_

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

Relationship to Youth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Name and Phone Number: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

### MEDICAL INFORMATION:

Family Doctor and Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Any other significant information: \_\_\_\_\_

Hospital Preference (If Applicable): \_\_\_\_\_

I give my consent for **First UMC Clinton** Youth Group Counselors, Staff, Employees and Chaperones to take my youth/student listed above on off-site outings and trips including transportation in church operated vehicles, whether such vehicles be church owned, rented or personally owned vehicles. Initial: \_\_\_\_

I give my consent to the **First UMC Clinton** Youth Group counselors, Staff, Employees and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical treatment for the above named youth/student. Initial: \_\_\_\_

I give permission for my youth/student to be shown in photos and videos. These photos and videos can be used to share about the trip and to promote FUMC's ministries. Initial: \_\_\_\_

**Indemnification:** The undersigned hereby shall indemnify and hold harmless First United Methodist Church of Clinton, its administrators, its Trustees, its officials, employees and agents from and against any and all liabilities, judgments, settlements, losses, costs, charges, causes of action, including attorney's fees, incurred by First United Methodist Church of Clinton, its Trustees, administrators, officials, employees and agents as a result of any claim, demand, action, or suit resulting to any bodily

injury (including death), loss of property, damage caused by, arising out of, related to, or associated with this agreement.

**Waiver:** The undersigned knows, understands, and acknowledges the risks and hazards associated with the activities undertaken in contemplation of this agreement and hereby assumes any and all risks and hazards, of First United Methodist Church of Clinton, its Trustees, administrators, officials, employees or agents for any bodily injury (including death), loss or property damage incurred by the participant (Youth) and hereby irrevocably releases and discharges First United Methodist Church of Clinton, its Trustees, administrators, officials, employees or agents from any and all claims of liability arising out of or associated with the activities undertaken in contemplation of this agreement.

I further recognize the above-named youth/student is at higher risk of contracting COVID-19 with participation in youth group or other FUMC activities. With full awareness and appreciation of the risks involved, I, for myself and on behalf of the above-named youth/student, hereby forever release, waive, discharge, and covenant not to sue First United Methodist Church of Clinton, its Trustees, administrators, officials, employees, assigns or agents from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself or by the above-named youth/student related to COVID-19.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ (This authorization shall be effective until revoked in writing by the parent or guardian)