



First United
Methodist Church
Pendleton & Ingalls
Connect. Grow. Commit. Serve.



Waiver for Participation in Youth and Family Ministries

The undersigned parent/legal guardian hereby gives permission to First United Methodist Church Ministries, for my child _____

to take part in activities held and sponsored by First United Methodist Church Ministries- Youth and Family Ministries for August 2020- July 2021.

Should by child require immediate or emergency medical care while engaged in an activity sponsored by First United Methodist Church Ministries, in my absence I grant First United Methodist Church Ministries authority to release my child for medical treatment to such medical personnel as the ministry determines appropriate under the circumstances. This includes the use of first aid by adult volunteers should injury, allergic reaction, damage, or illness occur during youth activities, directly or indirectly sponsored by First United Methodist Church Ministries. During youth activities and events sponsored by First United Methodist Church Ministries in which time my child will require prescribed medication or medication within a First Aid Kit, I grant permission to assigned staff and volunteers of the Youth and Family Ministries of First United Methodist Church Ministries to distribute the said medication as needed.

In consideration for the privilege of allowing my child to participate in youth and family ministries activities, I agree to release and hold harmless First United Methodist Church Ministries, its staff, and volunteers from any liability to or responsibility for bodily injury, damage, allergic reaction, or illness to the child identified above while participating in any events or activities which may be directly or indirectly, sponsored by First United Methodist Church Ministries. Further, I agree to indemnify and hold harmless First United Methodist Church Ministries, its staff, and volunteers with respect to any claim asserted by or on behalf of my child as a result of bodily injury, allergic reaction, illness, or damage.

PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION.

(Signatures and Contact Information Required on Back Side)

Parent/Legal Guardian Contact Information

Name of First Parent/Legal Guardian: _____

Email: _____

Phone: Cell-_____ Home-_____ Work-_____

Name of Second Parent/Legal Guardian: _____

Email: _____

Phone: Cell-_____ Home-_____ Work-_____

Name of Emergency Contact: _____

Relationship to Child: _____

Email: _____

Phone: Cell-_____ Home-_____ Work-_____

Child Information

Allergies: _____

Prescribe Medication(s) and direction of use:

Child Phone Number: _____ Child Email: _____

Child Home Address: _____

Child Birthdate: _____

Yes, my child may be photographed and have their pictures placed on the website/social media pages affiliated with First United Methodist Church Ministries.

No, my child may not be photographed.

Signature and Approval:

Signature of Parent/Legal Guardian: _____ Date: _____

Printed Name of Parent/Legal Guardian: _____