

Stanardsville United Methodist Church Parental Consent and Liability Release Form

PARTICIPANTS NAME _____

ADDRESS _____

PHONE _____

AGE ___ BIRTH DATE _____

PARENT(S)/GUARDIAN NAME(S) _____

WORK PHONE(S) CELL PHONE(S) _____

SCHOOL NAME and GRADE _____

TO WHOM IT MAY CONCERN:

The undersigned do (es) hereby give permission for our (my) child:

_____ to attend and participate in Stanardsville United Methodist Church (SUMC) after school youth activities Wednesday afternoons from 3:30 p.m. until 5:30 p.m. If school is cancelled or not held the after school program is cancelled also.

During the 2010 -2011 school year.

LIABILITY RELEASE: In consideration of SUMC allowing the Participant to participate in these after school activities we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless SUMC its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental 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 Participant while involved in the afterschool activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in these after school activities. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in these activities involved there in. Further, authorization and permission is hereby given for the participants to ride a school bus from William Monroe Middle School Wednesday afternoons. On Wednesdays participants will ride a Greene County Transit bus from SUMC to their home. Participants may not leave SUMC's campus early unless signed out by a parent or parentally authorized person. 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.

Permission is also given to include the participant in photographs of TAT events to be used for TAT publicity.

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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 child or youth pursuant to this authorization.

TRANSPORTATION PERMISSION/ LIABILITY LIMITS: The undersigned understands and gives permission for the participant to be transported home on Wednesday afternoons by the Greene County transit or signed out by a parent or parentally authorized person. Once the participant has left the Church campus on Wednesday, SUMC's responsibility for the participant ends.

Medical Insurance: Yes _____ No _____ Insurance Company:

Emergency Contacts (in case parent(s) can't be reached:

Name: _____

Phone #: _____

Allergies or Medical Conditions: _____

Names of responsible parties that children may be released to other than parents

Parent(s)/Guardian(s) signature: _____

DATE: _____

