

FIRST UNITED METHODIST CHURCH OF ANNISTON, ALABAMA, INC.
Programs for Children and Youth Participation Permission and Liability
Release

I hereby grant my child, _____, permission to attend and participate in all
church activities, (Full Name of child)

field trips and ventures offered by and/or through FIRST UNITED METHODIST CHURCH ANNISTON, ALABAMA, INC.,
(hereinafter referred to as "Anniston First") beginning on January 1, 2018 until this Release is revoked in writing
and said writing is delivered to Anniston First. The attendance of my child at any church activity constitutes my
acceptance of the terms of this Release.

I accept full responsibility for my child's actions for any and all damages caused by my child, accidentally or
willfully, to property owned by Anniston First and property of those acting as employees, agents or assigns of
Anniston First, including, without limitation, volunteers and church staff.

I further accept full responsibility for my child's safety, and I hereby indemnify and hold harmless, Anniston
First, its agents employees and assigns, including, without limitation, volunteers and church staff, for any and all
damages arising out of or resulting from my child's participation in any activity.

In the event of injury or illness of my child while engaged in an Anniston First activity, Anniston First, its agents,
employees and assigns have my permission to seek such medical care as needed or on emergency basis and I
hereby indemnify Anniston First, its agents, employees and assigns for all expense incurred for the benefit of my
child.

Dated this the _____ day of _____ 2018

(Signature of Mother)

(Signature of Child)

(Signature of Father)

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED and sworn to before me, a Notary Public, the _____ day of _____ 20__.

My commission expires: _____

NOTARY PUBLIC

AFFIX SEAL HERE:

TELEPHONE NUMBERS

Home_____ Local relative/friend_____

Mother’s work _____ Mother’s cell _____

Father’s work _____ Father’s cell_____

Emergency Number _____

MEDICAL INFORMATION (Please Print)

Date of Birth (Student) _____

Allergies:_____

Medications Being Taken:_____

Physical Handicaps or Limitations:_____

Name of Child’s _____ Phone number of Physician_____

Physician

Name of Medical/Health Insurance Company:_____

Medical/Health Insurance company Group Number & policy Number: _____

Full name of insured:_____

Additional pertinent information may be noted below.
