

Liberty United Methodist Church—Liability Release and Consent Form

Activity: LUMY Activities **Date(s):** August 2018 - August 2019

1. **Name** _____ **Age** _____ **Birthdate** ___/___/___
School _____ **Grade in or just completed** _____
2. **Name** _____ **Age** _____ **Birthdate** ___/___/___
School _____ **Grade in or just completed** _____
3. **Name** _____ **Age** _____ **Birthdate** ___/___/___
School _____ **Grade in or just completed** _____

Address _____ **Phone** _____

City _____ **State** _____ **Zip Code** _____

Guardian(s) name: _____

Guardian(s) business phones: _____

Guardian(s) cell phone(s): _____

E-mail address(es) _____

In consideration for being accepted by Liberty United Methodist Youth, a ministry of Liberty United Methodist Church (LUMC), for participation in the above activity, we (I), being 21 years of age or older, do for ourselves (myself) do hereby release, forever discharge and agree to hold harmless LUMC and the directors/teachers thereof 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 said child is participating in the above described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify LUMC, its directors, employees and agents, 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.

We (I) are the parent(s) of legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Hospital Insurance Yes No
 Insurance Company _____

Policy Number _____

Physician _____

Physician's phone _____

Emergency phone numbers:

Name: _____ Ph # _____ Relation: _____

Name: _____ Ph # _____ Relation: _____

 Father Date

 Mother Date

 Legal Guardian Date

 Participant, if age 21 Date

** Photo release on reverse.
 Please review and sign.

Activity Participant only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directors and others of the leadership of the activity.

_____ Participant

Church-Use Photo Release

The Liberty United Methodist Church

_____ has my permission to use photographs

_____ does not have my permission to use photographs

taken of my child(ren), _____, date of birth _____;

_____, date of birth _____.

(please print clearly)

for informational and publicity purposes including, but not limited to, press releases, bulletins, website postings, advertisements or other legitimate purposes for and on behalf of the Liberty United Methodist Church and its ministries.

I understand that my signature on this release grants permission to the church to use any photographs taken, however, it does not allow the Liberty United Methodist Church to release any personal information including, but not limited to, my child's name and/or address.

Father Date

Mother Date

Participant Date

Allergies or special medical problems

(For any medicine, must also fill out medicine instruction form)

Can teen be given "as needed" Tylenol or Ibuprofen by event director? (yes/no)