



**Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement**

PLEASE READ CAREFULLY – By signing this document you accept important legal obligations and waive legal rights.

TO: **Redmond United Methodist Church (The “Church”)** 16540 NE 80th St. Redmond, WA 98052

RE: **Redmond United Methodist Youth (The “Youth Group”)** [Questions: Email RUMC Youth Coordinator, youth@redmondumc.org]

**PARTICIPANT’S INFO – PLEASE PRINT CAREFULLY**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name (Nickname) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student’s Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone (see release on back) \_\_\_\_\_

E-Mail (Parent/Guardians) \_\_\_\_\_

E-Mail (Student) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Please note any special needs (hearing aids, glasses, leaning disabilities, physical limitations, etc. ) \_\_\_\_\_

Allergies (Food, Medical, or Environment) \_\_\_\_\_

Reaction Caused \_\_\_\_\_

T-Shirt Size (circle one)    S    M    L    XL    XXL

**CONSENT and ACKNOWLEDGEMENT**

Parent(s)/Guardians(s): I/We the undersigned Parent(s)/Guardians(s) (also referred to throughout as “I”), hereby authorize and consent to my child’s participation and involvement in the activities of the Youth Group. Activities shall include but not be limited to, participation in all on and off site events sponsored or organized by or through the Church or Youth Group such as: indoor and outdoor wide games, swimming, and sporting activities. (The “Activities”).

I understand that illness and injuries sometimes occur through the participation in Activities. In the event that an emergency or other medical treatment is necessary I consent to and authorize the transportation of my child to the NEAREST SUITABLE MEDICAL HOSPITAL FACILITY. I hereby consent to and authorize emergency or other medical treatment of my child as may be deemed advisable in the event of accident, injury, or illness during the Activities of the Youth Group.

I understand that I am solely responsible to select and purchase adequate medical/health insurance. Further I understand that neither the Church nor the Youth Group will provide medical/health insurance. I consent to and authorize that if illness or injury necessitates the expenditure of money for special travel arrangements or any other reason deemed necessary by the person in charge of the Activities, that I will be responsible for all of those costs.

I understand that my child must obey the rules established by the Youth Group and follow the directions and instruction of the person in charge of the Activities. I consent to and understand that the person in charge of Activities or agents have the right to dismiss my child who is in their opinion a hazard to the safety and well-being of others and/or who appears to have rejected the reasonable guidelines of the activity. I understand that if my child is sent home under such circumstances, I will be responsible for all associated costs incurred, including the cost of special travel arrangements.

**Child- Participant**

I, the undersigned Participant (also referred to throughout as the "child"), understand that I am to act in a safe and responsible fashion, to follow the instructions and directions of the person in charge of the Youth Group. I understand and agree to obey requests to comply with safety regulations as directed by the person in charge of the Youth Group. At all Youth Group activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment.

I acknowledge that I am solely responsible for myself and my actions. I will not endanger the safety of myself or others at any activities, outings of the Youth Group or when using public or private transportation to and from the activities.

I understand and acknowledge that I can and will be sent home should I not follow the directions or instructions of the person in charge of the activities.

**ASSUMPTION OF RISKS**

IN CONSIDERATION of the Church allowing me or my child to participate in events, activities or travel with the church and all related activities associated with the church, including participation in the Youth Group from September 1, 2017 through September 30, 2018 inclusive, and all activities related to the Youth Group. I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS, associated with participation in the activities including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to the following:

- Risks associated with traveling to and from activities by means of private and public transportation;
- Risks associated with failing to follow the instructions or directions of the person in charge of the activities;
- Risks associated with the participation in the activities;
- Risks associated with medical problems arising before, during and following participation in activities; and
- Other not mentioned probable and unforeseen risks.

**DISCLAIMER and RELEASE OF LIABILITY**

I, for myself or my child, voluntarily accept and fully assume such risks, dangers and hazards and the possibility of personal injury, death, partial or permanent disability, property damage or loss resulting from my or my child's participation in the activities. I release, indemnify and hold harmless the Church, its trustees, directors, corporation members, staff, agents, volunteers, members and representatives from:

- a) any loss, personal injury, accident, misfortune or damage to the above names or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named;
- b) any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the activities; and
- c) any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from me or my child's participation in the activities.

**ACKNOWLEDGEMENT**

I understand that this is a legal agreement that is binding upon me, my heirs, executors, administrators, successors and assigns. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that I or my child may have. This Consent, Authorization and Acknowledgement shall be effective from and including September 1, 2017 to and including September 30, 2018.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PHOTO/VIDEO RELEASE**

I hereby consent to and give my permission to Redmond UMC to use my child's picture, voice, and likeness in its programs and activities, including the advertisement and promotion of same in various mediums not limited to RUMC website, print, or RUMC social media.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**PERMISSION FOR CONTACT VIA STUDENT CELL PHONE**

I, the undersigned parent/guardian, give permission for the RUMC Youth Director to contact my student for matters relating to youth programming and RUMC using their personal cell phone, using only phone calls or text messages. If my student wishes to contact the Youth Director for a matter outside of youth programming and RUMC (counseling, advice, mentoring, etc.) the Youth Director will notify the parent/guardians of this communication. My student's cell phone number will not be given out without my additional consent.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## MEDICAL CONSENT

### Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

### Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name of Youth \_\_\_\_\_

Parent/Guardian Name and Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Medications

My child will bring all such medications, well-labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication(s) at the present time.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

\_\_\_\_\_ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription, to be administered to my child unless the situation is life threatening and emergency treatment is required. (Please initial.)

\_\_\_\_\_ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that aspirin will not be given to my son/daughter. (Please initial.)

**Medical Conditions Information:** Church personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

Had an episode of the following or has been diagnosed: \_\_\_Seizures \_\_\_Asthma \_\_\_Diabetic

Allergic reactions to the following (foods, dyes, latex, medications, etc.) \_\_\_\_\_

Had a medical surgery within the last six months \_\_\_Yes \_\_\_No Still under doctor's care \_\_\_Yes \_\_\_No

A medically prescribed diet \_\_\_\_\_

The following physical limitations \_\_\_\_\_

Immunizations current and up-to-date: \_\_\_Yes \_\_\_No Date of last tetanus/diphtheria immunization \_\_\_\_\_

You should also be aware of these special medical conditions of my child: \_\_\_\_\_

### Insurance Information:

\_\_\_No, I do not carry medical insurance at this time.

Insurance Carrier \_\_\_\_\_

Name of Insured \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely and willingly.

\_\_\_\_\_  
Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age Date

\_\_\_\_\_  
Signature (Participant 18 years of age or older must sign own consent) Date

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