

PARENTAL CONSENT/MEDICAL RELEASE FORM

For Events & Activities with the Marysville Free Methodist Church Youth Ministries. This form includes, but is not limited to, Retreats, Camps, Ski Retreats, Creation, Water Skiing, Tubing, Skating, Mission Trips, FMYC, and other local events and activities.

Name _____
Age _____ Birth date _____ Grade in _____
Address _____
City _____ State _____ Zip _____ Phone _____
School _____
Parent/Guardian's Name _____
Parent/Guardian' business phones _____
Other emergency phone numbers _____

	Name	Phone
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Hospital Insurance Yes No

Insurance Company _____

Policy number _____

List any allergies that your child has. List all medications your child is currently taking. List all special medical issues or concerns that your child may have _____

We (I) authorize an adult in whose care the minor has been entrusted, to consent to any 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, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

We (I) shall be liable and agree (s) to pay all costs and expenses incurred in connection with such medical and dental services rendered our (my) child.

I recognize that Marysville Free Methodist Church will operate under a covenant of good faith and fair dealing, but that they may find it necessary to terminate an activity or refuse to terminate the participation of any person for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

We (I) recognize the express assumption of risk and responsibility when it comes to certain activities, such as but not limited to, hiking, skating, skate boarding, water skiing, snow boarding, snow skiing, and etc. I agree to assume and accept full responsibility for all risks, those known and unknown, inherent or otherwise. My participation in these activities is purely voluntary, no one is forcing me/us to participate, and We/I elect to participate in spite of and will full knowledge of the inherent risks.

I further agree that if I have a legal dispute with the Marysville Free Methodist Church, which cannot be settled through discussion between parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose names appear on the registry of names recognized by the Washington courts as qualified persons for mediation assignments.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

We (I) also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Marysville Free Methodist Church.

We (I) understand that there will be responsible adult supervision provided by the Marysville Free Methodist Church and reasonable rules will always be applied. In the case of an emergency I relieve these adults and Marysville Free Methodist Church from any financial liability.

We (I) give permission for our (my) child to attend and participate in this events sponsored by Marysville Free Methodist Church.

Parent/Guardian

Relationship to child

Date