

APPENDIX VI

**Deer Lake United Methodist Church
8013 Deerlake Road S.
Tallahassee, FL 32312**

PARENTAL CONSENT/MEDICAL AUTHORIZATION/LIABILITY RELEASE

Name of child/youth: _____ Grade: _____ Age: _____

Address: _____
Street/Apt Number City Zip code

Daytime Phone Number: _____ Evening Phone Number: _____

As the parent (or legal guardian) of: _____
Child/Youth's Name

Additional Emergency Contact: _____

I understand that my child/youth will be participating in a number of activities for the calendar year _____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities:

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations:

Insurance Company: _____ Policy/Group # _____

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). As lawful consideration for my child/youth being permitted to participate in Deer Lake United Methodist Church (DLUMC) activities, I agree that neither my child/youth nor I will make a claim against, sue, attach the property of or prosecute DLUMC and their agents, sponsors and employees for damages for death, personal injury or property damage which my child/youth may sustain as a result of their **participation** in these activities. This **release** is intended to discharge in advance DLUMC and their agents, sponsors and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with their **participation** in the DLUMC activities except for liability that may arise out of the willful or wanton misconduct of DLUMC and their agents, sponsors and employees. KNOWING THE RISKS OF **PARTICIPATION**, NEVERTHELESS, I HEREBY AGREE THAT MY CHILD/YOUTH AND I ASSUME THOSE RISKS AND **RELEASE** AND HOLD HARMLESS DLUMC, AND THEIR AGENTS, VOLUNTEERS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that my child/youth is physically fit and has no known medical conditions which prohibit **participation** in DLUMC activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A **PARENTAL CONSENT/MEDICAL AUTHORIZATION/RELEASE OF LIABILITY** FOR MYSELF AND MY CHILD/YOUTH AND A CONTRACT BETWEEN MYSELF, MY CHILD AND DLUMC AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I as parent/legal guardian also authorize any pictures or videos that are taken at any DLUMC sponsored event be used by DLUMC for promotion on media sources, i.e. Facebook, Instagram, DLUMC website and printed material.

Signature of Parent or Guardian _____

Date _____

**STATE OF FLORIDA
COUNTY OF LEON**

The foregoing instrument was acknowledged before me this _____ day of _____ 201__

by _____, who is personally known to me or who has

produced _____ as identification.

Notary