



Last Name: _____

WAIVER OF LIABILITY AND MEDICAL RELEASE/CONSENT

As parent(s), legal guardian(s), or custodian(s) of this child, I/we permit him/her to participate in all officially supervised Parkway UMC Programs and Activities for which he/she is registered, or childcare that he/she has been signed up for. I knowingly release, absolve, indemnify, and hold harmless Parkway U.M.C., its Members, Trustees, Boards, Leadership, and Staff, as well as counselors, organizers, workers and all others acting on behalf of Parkway U.M.C. or its programs and activities, from all claims that might result from any accident, personal injury, illness and/or death to the child named arising out of participation in such programs and activities. In the event that my child requires medical or dental attention while attending a PUMC event or while under the care of Parkway-arranged childcare, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize the PUMC Ministry Leader, Event Coordinators, or any other adult counselor or worker to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I understand that I am responsible for any and all expenses incurred to treat my child whether covered under insurance or not. I have read and understand this Medical Release & Consent Form and represent that all of the information is true and correct. I accept and assume all the risks of injury associated with the activities of Parkway UMC Ministry. **This release covers the following child(ren):**

1. _____ Date of Birth _____

Allergy/Medical Alerts: _____

2. _____ Date of Birth _____

Allergy/Medical Alerts: _____

3. _____ Date of Birth _____

Allergy/Medical Alerts: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT NAME: _____ CELL PHONE: _____

ADDITIONAL EMERGENCY CONTACT & PHONE NUMBER: _____

PHOTOGRAPHIC / SOCIAL MEDIA RELEASE

Parkway Children's Ministry uses photos of our activities to inform our congregation about our ministry and/or to promote the ministry. Wherever possible, we only use group shots where an individual child's identity is not readily discernable. Candid (individual child) shots will only be used in-house on our lobby projection screens OR with parent permission. Names of children will not be used. All use is for not-for profit reasons.

PHOTOS OF MY CHILD(REN) TAKEN AT A PARKWAY CHILDREN'S MINISTRY ACTIVITY MAY BE USED IN MULTIMEDIA PRESENTATIONS TO BE DISPLAYED ON THE CAMPUS OR IN SOCIAL MEDIA PROMOTIONS INCLUDING BUT NOT LIMITED TO THE PUMC WEBSITE, FACEBOOK AND TWITTER.

YES NO