

**Aldersgate United Methodist Church  
Parental Consent and Liability Release Form**

Participant's name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_

Work phone(s)/Cellphone(s) \_\_\_\_\_ / \_\_\_\_\_

Emergency Contacts (In case parent(s) cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

The undersigned do(es) hereby give permission for our (my) child:

\_\_\_\_\_ (“Participant”), to attend and participate in  
**Aldersgate United Methodist Church** children or youth ministry activities, events, and retreats during the period  
of \_\_\_\_\_ (**Dates of Current Calendar Year**)

**LIABILITY RELEASE:** In consideration of **Aldersgate United Methodist Church** allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Aldersgate United Methodist Church**, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental 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 Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission are hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church 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.

**EARLY RETURN HOME POLICY:** Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved adult chaperone while attending and participating in activities sponsored by **Aldersgate United Methodist Church**. My child/youth and I understand that seat belts shall be worn at all times during transportation.

**PHOTOGRAPY/VIDEO CONSENT:** The undersigned gives permission for Aldersgate United Methodist Church to photograph or video my child during youth activities. I understand that these photos and videos could be used on the Church website, newsletter, posted on bulletin boards or posted on the Church Facebook page. Photo Opt-Out forms are available upon written email request to [info@cvaumc.org](mailto:info@cvaumc.org)

**Parent/Guardian Name (Please print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ALDERSGATE UNITED METHODIST CHURCH**

**MEDICAL TREATMENT PERMISSION**

Participant's name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_

Work phone(s)/Cellphone(s) \_\_\_\_\_ / \_\_\_\_\_

Medical Insurance: Yes [ ] No [ ] Insurance Company: \_\_\_\_\_

Policy/Group ID # \_\_\_\_\_

Emergency Contacts (In case parent(s) cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency 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 or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**Parent/Guardian Name (Please print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_