

**Marietta First United Methodist Church Youth Ministries
Consent and Waiver Form**

Name of Student/Participant _____ Member of MFUMC Yes No

Address _____ City/State _____ Zip _____

Date of Birth (MMDDYYYY) _____ Home Phone _____ SSN# _____

Medical Insurance Co. _____ Policy# _____

Mom's Name _____ Mom's Email Address _____

Mom's Work # _____ Mom's Cell # _____

Dad's Name _____ Dad's Email Address _____

Dad's Work # _____ Dad's Cell # _____

Functions and Activities

I give my permission for my above named student to attend and participate in activities, programs, and trips sponsored by Marietta First United Methodist Church from August 28, 2011 through August 28, 2012 (unless otherwise noted in a separate permission form). Prior to my participation or the participation of my student, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this parental Consent and Waiver Form, I expressly warrant that this student or participant named above is capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the student or the participant in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my student may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the students' or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers or agents from any and all claims arising from my participation or as a result of injury or illness of my student or participant that occurs while participating in the above described activities, programs, and trips from August 28, 2011 through August 28, 2012.

Permission to Use Photos, send Emails or Text Messages

I give permission for the church, whether that being ministers, staff, leadership and/or volunteers to use photos of my child in church publications such as church newsletters, church website, or other church related needs. I also give permission for the church to contact my child via emails and/or text messages as a means of communication other than just telephone calls. I furthermore understand that the church will not use these means in an inappropriate way.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. Every reasonable effort will be made to contact the persons listed on the form. If unsuccessful in contacting the persons listed, consent/permission is hereby given for treatment by a competent medical personnel. I authorize an adult, in whose care the student 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 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. I understand that Marietta First United Methodist Church does not carry accident or medical insurance on participants or volunteers and that my insurance company will be used for such medical care expenses. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

(Please see other side for additional information)

Name of Student/Participant _____

Emergency Contacts

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Medical Doctor _____ Phone _____

Medical History

Include special medical needs or concerns such as asthma, allergies due to medicines/food/animals/etc., health conditions, past surgeries, dietary needs, etc.

Medications I/My Student _____ IS _____ IS NOT currently taking medications.

Include ALL medicines the student takes on a regular basis. All medicines must be in labeled containers.

Other Information

Include information the leaders should know about the student or adult participant.

If Participant is a Minor

I represent that I am the parent/guardian of the student listed above, who is under 18 years of age. I have read the above Consent and Waiver Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this church as described above. I hereby consent to the Consent and Waiver Form, including the Release of Liability above, on behalf of the student, and agree that this Consent and Waiver Form shall be binding upon me and my estate.

Signature of Parent/Legal Guardian _____ Date _____

Adult Volunteers and Employees

As an adult volunteer or church employee, I hereby agree to each of the Consent and Waiver Form listed above, including the Release of Liability, as pertaining to my own participation in these activities.

Signature _____ Date _____

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD

A new form must be completed each year for each youth/participant. Thank You!