

Parent Permission/Waiver/Release Form – September 2017 – August, 2018

**Asbury United Methodist Church**

1809 Mississippi Blvd. IA 52722 (563) 355-5218

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
Last First Middle init. Circle One

School Name: \_\_\_\_\_ Grade \_\_\_\_\_

Youth Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle init.

Parent Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medications. \_\_\_\_\_

Copy of all medical insurances on separate sheets.

**For your information, these are our rules of conduct expected from each youth:**

- Respect one another, staff and adult leaders
- No alcohol, drugs, tobacco permitted
- No lighters permitted
- No fighting, weapons, fireworks, explosives
- No students permitted to drive to events
- \* Respect Property
- \* No offensive or immodest clothing
- \* No boys in girl's sleeping quarters & vice versa
- \* Participation with the group expected
- \* Respect and comply with event schedule

**Failure to comply with these expectations could result  
in your youth being sent home at your expense.**

My youth has permission to attend all church sponsored activities as listed in the calendars, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, golfing, miniature golf. Hayrides. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to the Asbury Methodist Church **prior to that event.**

\_\_\_\_\_ Date \_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature

# Waiver and Release from Liability

\_\_\_\_\_  
Initial

I (We) acknowledge that my child's participation in the Asbury United Methodist youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Asbury United Methodist youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the trUth Ministries activities, I (we) agree to the following:

Asbury United Methodist Church is not responsible for the loss or theft of personal belongings.

\_\_\_\_\_  
Initial

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

\_\_\_\_\_  
Initial

I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications of Asbury United Methodist Church Ministries including the internet website. Please note that your child's name will not be used in these publications.

\_\_\_\_\_  
Initial

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:

\_\_\_\_\_  
Initial

- A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury the following person, or entities: Asbury United Methodist Church, it's Senior Pastor and Associate Pastors, Youth Leaders, Employees, volunteers, representatives, subcontractors and agents of any of the above:
- B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Asbury United Methodist, Asbury United Methodist staff or volunteers and:
- C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Asbury United Methodist youth activities.**

\_\_\_\_\_  
Initial

The undersigned is the parent and natural guardian or legal guardian of named minor child on the front and hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I hereby authorize any licensed physician, emergency, medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious manner possible. Permission is also granted to Asbury United Methodist Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent(s)/Gua  
rdian  
Signature

Date