

Medical Release & Permission Form

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

NOTARY SEAL :

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ by _____
(Name of person making statement)

(Official Notary Signature)

(Name of notary, typed, printed, or stamped)

Personally known: _____ or Produced Identification,

Identification Produced: _____

*****IMPORTANT*****

Throughout various youth ministry activities, your youth's image (picture) may be taken to produce promotional/archival videos, photographs, or slides. This image may be used for church use or be supplied to local Newspapers for publication with press releases.

Please check one of the following options.

- NO! Hope United Methodist Church may NOT take my child's picture.
- Yes, Hope Church has my permission to take my youth's photograph as referenced above.