

Permission Form

Please print hard copy of this form and return to the Youth Director

ORCHARD UNITED METHODIST CHURCH GENERAL PERMISSION SLIP & RELEASE OF LIABILITY

I, the parent/legal guardian of _____ give my permission for my son/daughter to travel with and participate in activities with representatives of Orchard United Methodist Church (hereinafter "OUMC"). I understand that the safety and wellbeing of all members of the trip and/or activity will be the most important concern of the trip leaders. In case of emergency, if I cannot be reached or if, in OUMC or their judgment, there is not sufficient time to reach me, I authorize the trip leaders to exercise their best judgment in handling an emergency situation. I will not hold the trip leaders responsible, legally or otherwise, for their actions, so long as these actions do not involve gross negligence or willful misconduct on the part of the trip leaders or OUMC.

I hereby authorize and consent to any examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or care required, but is given to provide authority and power to render care that is deemed advisable in the best judgment of the physician. It is understood that an effort will be made to contact me/us prior to rendering treatment, but that any of the above treatment will not be withheld if I cannot be reached. The undersigned will furnish payment or insurance for any such payment, at his/her expense. The undersigned represents to OUMC that he/she is the natural parent or legal guardian of the above-named child; and the undersigned does hereby consent to the minor taking part in activities associated with OUMC during the year of September 2024-September 2025 with the full understanding insofar as during activity there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic, and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of the minor assume the risk of such loss, injury, or expense, and does hereby wholly release OUMC from any responsibility or liability; and waives claim or causes of action against it or its agents that might arise on account of loss, injury, or expense occasioned by any sort or accident or any other circumstance involving such child, and agrees to hold harmless OUMC in event any such claim should arise; and the undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by OUMC and its agents.

I give my permission for my son/daughter to attend functions with OUMC during the time period of September 2024-September 2025. I have read the above release of liability and medical authorization and agree to its provisions.

Signature of Parent/Legal guardian: _____ Date: _____

Parent/Guardian's Printed Name: _____

Phone: _____

Cell phone: _____

Emergency Contact: _____

Phone: _____

Cell phone: _____

2nd Emergency Contact: _____

Phone: _____

Cell phone: _____

Any special medical problems or drug allergies the leaders should be aware of? (write on back side if necessary):

Insurance Comp: _____ Policy Number: _____

Additional Comments: _____

PHOTO RELEASE (initial one choice):

_____ I do NOT give permission for my child's picture to be used

_____ I give Orchard United Methodist Church permission to photograph my child and use his or her picture solely for the church's publications, i.e., newsletter, Facebook page, slideshows. Orchard United Methodist Church will never publish a child's name with any of its publications.