

Orange Park United Methodist Church- Youth Group + TLC Choir 2019-2020

PARENTAL CONSENT AND MEDIA/MEDICAL AUTHORIZATION

Please Provide a Copy of the Front and Back of Your Insurance Card. THIS FORM MUST BE NOTARIZED.

Name of Youth: _____ Age: _____ DOB: _____

Parent(s)/Guardian(s): _____ (Father) _____ (Mother)

Address: _____

Street/Apt Number

City

State

Zip Code

Home Phone: _____ Parent(s)/Guardian(s) Cell: _____

Parent Email: _____ Student Email: _____

Student Cell Phone: _____ Student School: _____

Emergency Contact: _____ Phone: _____ Relation: _____

As the parent (or legal guardian) of _____, I understand that my child will be

Youth's Name Printed

participating in weekly events, activities and field trips sponsored by Orange Park United Methodist Church from **May 1st, 2019 to May 1st, 2020** which carry with them a certain degree of risk. This includes indoor and outdoor games on campus and field trips off campus, such as but not limited to, Dairy Queen, Urban Bean, movies, bowling, beach, ice skating, rock climbing, skiing, swimming, retreats, theme parks, domestic and international mission trips where students will use power tools, Youth Group, Bible Study, Sunday School and TLC activities. This also includes meals, and transportation given by OPUMC staff, volunteers and/or hired third parties. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's activities:

_____ I represent that my child is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child has restrictions on the following particular activities: _____

_____ I understand and give consent for my child to travel to and from these events in transportation provided at times by church staff and volunteer drivers.

Medical Authorization

_____ It is my understanding that OPUMC will attempt to notify me in case of a medical emergency involving my child. If OPUMC cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Allergies or other health considerations: _____

List any medications your child is taking: _____

Insurance Company: _____ Policy/Group #: _____

Signature of Parent or Guardian _____ Date _____

In exchange for my being allowed to participate **at all Youth Group gatherings and TLC Choir on the church campus and off campus field trips**, sponsored by Orange Park United Methodist Church (herein referred to as "OPUMC"), I _____ (Youth's Name) and, if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Obligation to Inspect Facilities and Equipment: I agree that prior to participating in the event, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the supervisor of the event and OPUMC of such unsafe condition(s) and refuse to participate in the event.

2. Identification of Risks: I understand the participation in the event may involve risk of serious injury, including permanent disability and death, and other losses, both to persons and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the event, or the condition of the premises or of any equipment used.

3. Assumption of Risk: I assume all risks, known and unknown, in any way connected with my participation in the event. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the event.

4. Waiver and Release: I waive, release, and hold harmless OPUMC and its directors, officers, sponsors, employees, volunteers, agents, successors, and assigns from all claims for any liability, injury, loss or damage in any way connected with my participation in the event, **whether or not caused in whole or part by the negligence or other misconduct of OPUMC or any of the persons mentioned above.** I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, and next of kin or assigns who might pursue any legal action or claim for such liability, injury, loss or damage. Furthermore, in consideration of my child's participation in the event set forth above, I hereby AGREE TO INDEMNIFY AND HOLD HARMLESS OPUMC from any and all claims, demands, rights of actions or liabilities of whatsoever nature that any person had, now has, may have or might in the future have against OPUMC, including but not limited to, any and all claims, demands, rights of actions or liabilities based upon any NEGLIGENCE on the part of OPUMC based upon, arising out of, or in any manner connected with my child's participation in the event identified above.

5. Consent to Medical Treatment: I agree that OPUMC may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon OPUMC to provide such assistance, transportation, or services.

6. Media Consent: I understand that pictures and video of the event, which may include my child, will be available for use in church publications.

7. Consent to Communication: I agree and give permission for OPUMC staff, personnel and leaders to contact my student electronically and by phone.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

Parent or Guardian Signature

Printed name

Date

State of Florida County of _____

Sworn to (or affirmed) and subscribed personally before me _____ this ____ day of _____, 20__ by _____

NOTARY PUBLIC _____ Exp. Date _____ (SEAL)

Personally known: _____ OR Produced Identification _____

Type of Identification Produced _____