

Medical and Liability Release

Child(ren) name(s) _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in OSUMC's vacation bible school, every reasonable effort will be made to contact the parents/guardians listed. If they cannot be reached, then the persons listed as emergency contacts will be contacted. If these attempts are unsuccessful in contacting the persons listed, consent/permission is hereby given for treatment by competent medical personnel.

Further, consent/permission is hereby granted to Ministerial Staff or other Approved Workers as assigned by OSUMC to transport, hospitalize, secure proper medical treatment for, to order an injection, anesthesia, or order surgery (all under the recommendation of qualified medical personnel). I also agree that my insurance company may be billed for sure medical care and transport and I am aware that I may be billed by the medical providers for any treatment not covered by insurance.

The undersigned releases and agrees to hold harmless the Northern Illinois Annual Conference of The United Methodist Church, Our Saviour's United Methodist Church and any related agency, conference, district, local church, member, employee, guest, or agent, including activity members, leaders, and drivers, from any liability, injury, damage loss, accidents, delay, or irregularity related to the OSUMC vacation bible school.

This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, my have. This release binds the undersigned and his or her heirs, representatives, and assignees.

Signed

Date _____ Signature _____ Printed Name _____

Photo Release

I give my permission for my child's picture to be taken as part of OSUMC activities and to be used in any promotion of OSUMC activities including the website and Facebook.

Date _____ Signature _____ Printed Name _____