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:	A	.ge:D	OOB:
Parent(s)/Guardian(s):			(Mother)
Address:			
Street/Apt Number	City	State	Zip Code
Home Phone:	Parent(s)/Guardian(s) Cell:	
Parent Email:	Student Email:		
Student Cell Phone:	Student Scho	ool:	
Emergency Contact:	Phone: Relation:		
As the parent (or legal guardian) of	outh's Name Printed, I und	lerstand that my chil	d will be
participating in weekly events, activities and September 1st, 2019 to September 1st, 20 outdoor games on campus and field trips of bowling, beach, ice skating, rock climbing, mission trips where students will use power also includes meals, and transportation give child to participate in these activities.	20 which carry with them a configuration of campus, such as but not limpskiing, swimming, retreats, the tools, Youth Group, Bible S	ertain degree of risk nited to, Dairy Quee heme parks, domesti tudy, Sunday Schoo	t. This includes indoor and n, Urban Bean, movies, ic and international I and TLC activities. This
Please indicate any restrictions on your child	d's activities:		
I represent that my child is physicaI represent that my child has restricted.			-
I understand and give consent for times by church staff and volunteer drivers.	-	n these events in trai	nsportation provided at
Medical Authorization It is my understanding that OPUM child. If OPUMC cannot reach me, then I at my permission to the doctor or other healthnecessary. I will pay for any medical expension.	othorize the church to hire a co-care professional, to provide ses so incurred.	loctor or health-care the medical service	e professional, and I give s he or she may deem
Allergies or other health considerations:			
List any medications your child is taking			
Insurance Company:		cy/Group #:	
Signature of Parent or Guardian		Date	_
In exchange for my being allowed to particic campus and off campus field trips, sponso "OPUMC"), I	ored by Orange Park United In (Youth's Name) and, if I am arred to below in the first personnent: I agree that prior to pareve anything is unsafe, I will	Methodist Church (hot yet 18 years old, on singular) agree to rticipating in the ever immediately advise	erein referred to as my parent or legal be bound by each of the ent, I will inspect the

- 2. <u>Identification of Risks</u>: 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. <u>Assumption of Risk:</u> 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. <u>Consent to Medical Treatment:</u> 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. <u>Media Consent:</u> I understand that pictures and video of the event, which may include my child, will be available for use in church publications.
- 7. <u>Consent to Communication:</u> 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, _20by		this day of
NOTARY PUBLIC	Exp. Date	(SEAL)
Personally known:OR I	Produced Identification	
Type of Identification Produ	aced	