

The Gathering at Scott Memorial UMC

Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and Emergency Medical/Contact Information for Children and Youth Activities

Child/Youth name: _____

(Last) (First) (M.I.)

Birthdate: _____

Address: _____

Street City State Zip

Home Phone: _____

Parent(s)/Custodial Adult(s)' Name(s):

_____ Parent(s)/Custodial Adult(s)

Phone numbers:

Work phone(s): _____

Cell phone(s): _____

In case of emergency contact:

1) Name _____ Daytime phone _____

Relationship _____ Evening phone _____

2) Name _____ Daytime phone _____

Relationship _____ Evening phone _____

Name and phone number of primary treating physician:

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for The Gathering at Scott Memorial United Methodist Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Adult Parent/Custodial Adult

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of The Gathering at Scott Memorial United Methodist Church. In consideration of the opportunity of my/our child/youth to participate in the activities of The Gathering at Scott Memorial UMC, I/we release The Gathering at Scott Memorial United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of The Gathering at Scott Memorial UMC; and I/we agree to indemnify and hold forever harmless the The Gathering at Scott Memorial United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the

meeting locations or resulting from traveling to or from the activities of The Gathering at Scott Memorial UMC, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

Parent/Custodial Adult

Parent/Custodial Adult

Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult. **(Yes) (No)**

Parent/Custodial Adult

Date: _____

Photo Permission

I/we understand that my child may be photographed while participating in the activities of The Gathering at Scott Memorial United Methodist Church. I/we **(do)** or **(do not)** give permission for a recognizable image of my child to be posted on The Gathering at Scott Memorial website, printed materials or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

Parent/Custodial Adult

Parent/Custodial Adult