

*The Gathering at Scott Memorial United Methodist Church*

**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: \_\_\_\_\_ Effective date (**effective for 1 year**): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Parent/Custodial Adult Name Parent/Custodial Adult Phone Number

\_\_\_\_\_  
Parent/Custodial Adult Name Parent/Custodial Adult Phone Number

Name and phone number of primary treating physician:  
\_\_\_\_\_

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

**1. 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.

**Medical Insurance Company:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_

**Participant I.D. Number:** \_\_\_\_\_

**Medical Insurance Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

**2. 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 (hereafter known as TG@SMUMC). In consideration of the opportunity of my/our child/youth to participate in the activities of TG@SMUMC, I/we release TG@SMUMC, 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 TG@SMUMC; and I/we agree to indemnify and hold forever harmless TG@SMUMC, 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 TG@SMUMC, 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

**3. Permission to Travel in Vehicle with Adults Volunteers and Church Staff**

I/we give permission for my/our child/youth to travel in a vehicle operated by an adult volunteer or a Gathering at Scott Memorial UMC staff member provided it is occupied by two adults.

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

**4. 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 give permission for a recognizable image of my child to be posted on The Gathering 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

**5. In case of emergency contact:**

\_\_\_\_\_  
Primary Name

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Secondary Name

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Relationship