



RELEASE/WAIVER FORM

Student's Name: _____ Student's Cell: _____

Student Address: _____

Student Age: _____ Birthdate: _____ Grade: _____

Parent(s)/Guardian(s) Name(s) _____

Parent's Phone/Cell: _____

Parent's Address: _____

Release of Liability:

By signing this Release/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the planned activities. I also expressly assume all risks of the child whether such risks are known or unknown to me at this time. I further release Bethel United Methodist Church and its minister, leaders, employees, volunteers, and agents from any claim that my child may have against them as a result of an injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Bethel United Methodist Church or its minister, leaders, employees, volunteers, or agents. _____ (Please initial if you agree)

Transportation during Church Function:

By signing this form, I give permission that the child named above can be transported, as the activities require, by the approved staff or volunteer of Bethel United Methodist Church. Transportation to and from the church is my own responsibility. _____ (Please initial if you agree)

First Aid and Emergency Medical Treatment:

I do hereby give permission for agents of Bethel United Methodist Church to seek and secure any needed medical attention or treatment for my child including hospitalization. I give permission for the attending physician(s) and other medical personnel to administer any needed medical treatment. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment. _____ (Please initial if you agree)

Publicity:

On occasion, Bethel United Methodist Church takes photographs and/or makes audio/visual recordings of children involved in church activities. Such photographs and recordings may be used in BUMC publications and/or website. I consent to the use of such photographs and/or recordings of the child named above to be used as the directors of the church see fit. _____ (Please initial if you agree)

Additional Health Information:

Please notify us of any allergies your child has or may have: _____

Does your child have any other medical issues or special needs that the program leaders should be aware of?
If so please indicate: _____

Is there anything else we need to know about your child? _____

Health Insurance Information:

Insurance Company: _____ Policy Number: _____

Emergency Contacts:

Name: _____ Relation: _____

Phone: Home: _____ Cell: _____ Work: _____

Signature: _____ **Date:** _____