



**Central 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: \_\_\_\_\_ Date \_\_\_\_\_

(Last) (First) (M.I.)  
Birthdate: \_\_\_\_\_ Current Grade(2011-2012) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Youth email \_\_\_\_\_

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

Parent(s)/Custodial Adult(s): Work phone(s): \_\_\_\_\_

Cell phone(s): \_\_\_\_\_

Email addresse(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:

\_\_\_\_\_

\_\_\_\_\_

**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

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

**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 Central 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. In the event authorized persons cannot be reached prior to obtaining such care, 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 Central United Methodist Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Central UMC, I/we release Central 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 Central UMC; and I/we agree to indemnify and hold forever harmless the Central 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 premises of Central UMC or resulting from traveling to or from the activities of Central UMC, including loss or injury resulting from negligence or gross negligence.

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

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

**Photo Permission**

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

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

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

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.