Parental Consent and Liability Release Form 2021 - 2022

PARTICIPANT'S NAME	AGE	BIRTH DATE
ADDRESS		
PARENT(S)/GUARDIAN NAME(S)		
PARENT CELL PHONE(S)	/	
The undersigned do(es) hereby give permission for our (my) child(and participate in events sponsored by the Statesboro First United N		identified above ("Participant"), to attend
LIABILITY RELEASE: In consideration of Statesboro First U ministry activities, we (I), the undersigned, do hereby release, forever disc Church, its directors, employees, volunteers and agents (collectively he accidental personal injury, sickness or death, as well as property damage undersigned and the Participant while involved in the youth activities or reparties. We (I) the parent(s) or legal guardian(s) of this Participant hereby ge ministry activities, including trips away from the church premises for the 202. Furthermore, we (I) and on behalf of our (my) minor Participant(s as an example but without limitation skiing, swimming, inflatable jumpy waterskiing, wakeboarding, snow skiing/boarding, lake canoeing/kayaking, climbing, athletics, mountain biking, archery, paintball, zip lines, climbing fishing, horseback trail riding, tree climbing, camping out, use of tools a programs, farming, milling, outdoor-living skills, wilderness activities, vehiof accidental personal injury, sickness, death, damage and expense as a resul Further, we (I) hereby expressly authorize and permit said Chu Participant. The undersigned further hereby agree to hold harmless and indeof the negligent, willful or intentional acts of said Participant, including experimental forms and acknowledge that naturally occurring douvel virus COVID-19) can occur in all environments in which activities ensure that I and/or my child take appropriate actions to safe-guard our participate in sponsored activities, I am accepting and assuming the risk that and other communicable diseases and that it is an inherent risk of attending proventional in sponsored activities, I am accepting and assuming the risk that and other communicable diseases and that it is an inherent risk of attending proventional provention in sponsored activities, I am accepting and assuming the risk that and other communicable diseases and that it is an inherent risk of attending proventional provention in the surface of the provention of the provention of the provention of the pr	charge and agree to hold rein the "Church") from and expenses, of any nat ecreation including claims grant our (my) permission 21-2022 calendar year. It is understand the risks invey houses, trampolines, slip, white water river canoes tower and various other and equipment in manual cular travel, and work of the of participation in recreation to furnish any necessing the processes (including take place. I acknowledgus selves and agree that by at I or my child may be exprograms this year. Indeed, and assigns here the processes and assigns here the processes and all the provision of the Released an adult, in whose care the position of the Released an adult, in whose care the processes are the provision of the Released and the provision of the Rele	harmless Statesboro First United Methodist any and all liability, claims or demands for the any and all liability, claims or demands for the whatsoever which may be incurred by the stata arise from the negligence of the released of for the Participant to participate fully in youth colved in various activities undertaken including ides, watersports, waterslides, boating, tubing, bring/kayaking/rafting, hiking/backpacking, rock of challenge course with high and low elements. It arts, arts and crafts, work projects and other various kinds and we (I) hereby assume all risk ation and work activities involved therein. It is a sary transportation, food and lodging for this y liability sustained by said Church as the result nereto for the 2021 - 2022 calendar year. In the state of the currently widespread to the training and/or by allowing my child to participating and/or by allowing my child to exposed and become ill as a result of COVID-19 are the proposed and volunteers ("Released Parties") for any see, including but not limited to COVID-19. The departies. The minor has been entrusted, to consent to any obtain care, to be rendered to the minor under the ions of the Medical Practice Act on the medical e(s) to pay all costs and expenses incurred in ation. The due to medical reasons, disciplinary action on the for Participant to ride in any vehicle driven by
Medical Insurance: YES NO Insurance Compa	any:	
Policy/Group ID#:		
Parent/Guardian Contact Information:		
Emergency contact info in case parent/guardian cannot be reached:	:	
Allergies or Medical Conditions:		_

Parent/Guardian Signatures _____