

# Gadsden First United Methodist Church

## Permission and Liability Release

I hereby grant my youth/child, \_\_\_\_\_, permission to attend and participate in all activities offered at Service Week, July 15-19, 2019 @ First United Methodist Church of Gadsden, including transportation during the event by church bus or personal vehicles of chaperones and church staff for the event. I agree that the attendance of my youth/child at any GFUMC activity constitutes my agreement with and acceptance to the terms of this Release. I agree that my youth/child's picture or likeness may be included in any photographs or videos taken at any such event and used in subsequent publicity of said activities and events.

I accept full responsibility for my youth/child's actions, and I hereby indemnify and hold harmless First United Methodist Church of Gadsden, the local churches, approved ministries, agents, employees and assigns, against any and all loss or damage arising from any and all accidents or injuries caused by my youth/child, whether accidentally or willfully, to: (i) property owned by any district, local church or camp within the NAC; (ii) property of those acting as employees, agents or assigns (including, without limitation, volunteers and event staff), of the NAC, or any of its districts, local churches, camp or approved ministries; and (iii) personal injuries or death suffered by any employee, agent, volunteer or staff member of the NAC or any district, local church, approved ministry or camp within the NAC.

In the event of injury to or illness of my youth/child while engaged in approved or sponsored event, I hereby expressly grant to, First United Methodist Church of Gadsden employees and assigns, permission to seek such medical care (including emergency treatment) as any of such persons reasonably believe is needed, based on their good faith assessment of all attendant facts and circumstances, and I hereby agree to indemnify and hold harmless the First United Methodist Church of Gadsden and the North Alabama Conference of the United Methodist Church, together with all of its districts, local churches, approved ministries, agents, employees and assigns, from all expenses incurred in obtaining medical treatment for my youth/child.

Parents' Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONTACT NUMBERS AND OTHER INFORMATION

Youth/Child's full name \_\_\_\_\_ Child/Youth Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parents Cell \_\_\_\_\_ Parent email \_\_\_\_\_

Emergency/Alternate Contact Name \_\_\_\_\_

Emergency/Alternate Contact Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_

Health Insurance policy #: \_\_\_\_\_ Group # \_\_\_\_\_

Allergies: (food, medicines, environmental, etc.) \_\_\_\_\_

Additional pertinent information (including information about your child's medications) may be noted below:

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