

RELEASE AND MEDICAL AUTHORIZATION

We, the parents or legal guardians of _____, hereby give permission for him/her to participate in activities and/or travel with the Youth Group (hereinafter "Youth Group") of the First United Methodist Church of Wabash, Indiana, during the period **January 1, 2014 through December 31, 2014.**

RELEASE: In consideration of the acceptance of our child or ward's participation in activities sponsored by the Youth Group, we, the undersigned, hereby release, waive, and agree not to bring, or cause to be brought by any person or entity acting on behalf of our child or ward, any and all claims, demands, actions, or causes of action on behalf of our child or ward, against the Youth Group or the First United Methodist Church of Wabash, Indiana, its trustees, elders, officers, agents, employees, or volunteers, or any supervising body of the Church (hereinafter the "Church"), by reason of, arising out of, or relating to our child or ward's participation in any Youth Group activity. We further agree to indemnify, defend, and hold harmless the Youth Group and the Church from all liability and damages, including, but not limited to, special, incidental, and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of action, suits, proceedings, demands, judgments, assessments and liabilities, including attorneys' fees, incurred by reason of, or arising out of our child or ward's participation in Youth Group activities.

We acknowledge and assert that it is our intention with this instrument to make a complete and unconditional release of any and all claims whatsoever of our child or ward, and anyone on his/her behalf, against the Youth Group and the Church, as set forth above.

MEDICAL AUTHORIZATION: Further, we, the undersigned, do hereby authorize employees, agents, or volunteers of the Youth Group to receive medical information about our child or ward, and make any and all decisions, and undertake any action with regard to medical treatment and services they might deem necessary for the safety, care, and welfare of our child or ward as a result of participation in any Youth Group activity, provided they have attempted to contact us and are unable to do so, and the safety, care, and welfare of our child or ward requires immediate action. We agree to remain responsible for any costs of treatment incurred as a result of this authorization, and this authorization shall remain in effect during the period specified above, unless revoked in writing.

Name of Parent or Guardian

Name of Parent or Guardian

Signature of Parent or Guardian

Signature of Parent or Guardian

Address

Home Telephone Number

Cell Phone Number

Cell Phone Number

Additional Emergency Contact

Emergency Contact Number

Health Insurance Company

Policy Information

Please identify all Medical Conditions, Allergies, and Medications: _____

Date of Last Tetanus Booster: _____

****Media/ Website picture usage:

I give permission for the use of my child's image on the church/youth website, church/youth social media page or in materials printed for distribution. (If unsigned, pictures with your child's image will not be published to the church/youth website, church/youth social media page or printed materials; however, individual student social media pages are beyond our control.)

Signature

Date