



Liability, Photo and Video Release Form

I/We, the parents/guardians of _____ do hereby grant permission for my/our Youth to participate in the 2026 trips, activities, and events, as a member of the Youth Ministry of Wylie United Methodist Church (WUMC).

I/We, hereby release WUMC and its agents or representatives of all claims, liabilities, or obligations which may arise or grow out of the undersigned Youth attending 2026 trips, activities, and events. The Youth will be transported from the church by a church van or private auto driven by a responsible adult sponsor or youth leader.

Please check and sign in agreement:

_____ I have read and agree to the statements above and placing my signature is my acknowledgment of agreement to this release form.

_____ I grant to Wylie United Methodist Church, the right to take photographs and/or videos of my child at trips, activities, and events in 2026. I authorize Wylie United Methodist Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Wylie First United Methodist Church may use such photographs and/or videos of my child, with or without my name, and for any lawful purpose including, for example, such purposes as publicity, illustration, advertising, and web content.

Parent/Guardian's Signature

Parent/Guardian's Name (Printed)

Date

Phone Number

Home Address

Email Address



Parent/Guardian Authorization for Medical Treatment

In the event that _____, my child, or ward, listed should require medical attention while on an outing or other activity with Wylie United Methodist Church of Wylie, TX, I hereby give my permission to the physician and hospital or medical clinic selected by the adult leader in charge, to hospitalize, secure proper anesthesia, to order injection or other medical treatment as needed for my child. I further authorize the adult leader in charge to sign whatever papers are necessary to carry out the medical attention required. I will be responsible for any and all expenses incurred.

Parent/Guardian's Signature

Date

CHILD AND MEDICAL INSURANCE INFORMATION:

Name of Child: _____

Date of Birth: _____

Known Allergies: _____

Current Medications: _____

NAME of Insurance Company: _____

NAME of Primary Insured: _____

IDENTIFICATION #: _____ *Group #:* _____

CUSTOMER SERVICE PHONE #: _____

EMERGENCY CONTACT INFORMATION:

(MUST be someone OTHER than the parents/guardians of child)

1. Name: _____

Relationship: _____

Phone Number: _____

2. Name: _____

Relationship: _____

Phone Number: _____