

ADDITIONAL MEDICAL INFORMATION:

YOUTH MEMBER'S NAME:_____

PERMISSION AND RELEASE AGREEMENT

I/WE, _____, GRANT PERMISSION FOR MY/OUR YOUTH/CHILD NAMED ABOVE TO PARTICIPATE IN ALL ACTIVITIES OF THE FIRST UNITED METHODIST CHURCH OF WINTER GARDEN UNITED METHODIST YOUTH FELLOWSHIP PROGRAM. I ALSO GRANT PERMISSION FOR MY CHILD/YOUTH TO RIDE TO ACTIVITIES AS NECESSARY IN CHURCH-SPONSORED VEHICLES APPROVED BY A MEMBER OF THE CHURCH STAFF (DRIVERS TO BE A MINIMUM OF 18 YEARS OF AGE). I HAVE REVIEWED THIS TRANSPORTATION RULE WITH MY CHILD, AND HE/SHE AGREES TO RIDE ONLY IN VEHICLES OF APPROVED DRIVERS.

AS PARENT OR LEGAL GUARDIAN OF THE ABOVE MINOR, I/WE HEREBY AUTHORIZE ANY URGENT MEDICAL CARE, INCLUDING DIAGNOSIS AND TREATMENT, TO BE RENDERED TO HIM/HER BY ANY LISCENSED PHYSICIAN OR SURGEON, OR BY ANY LICENSED HOSPITAL, WHEN ACCOMPANIED BY ANY ADULT LEADER OF THE ABOVE GROUP, UNDERSTANDING THAT WE WILL BE NOTIFIED AS QUICKLY AS POSSIBLE. WE ASSUME FULL FINANCIAL RESPONSIBILITY FOR SUCH CARE, INCLUDING PRESCRIBED MEDICATION AND TRANSPORTATION BY AMBULANCE.

I UNDERSTAND THAT TRIPS AND ACTIVITIES WILL INVOLVE ALL REASONABLE PRECAUTIONS FOR MY CHILD'S SAFETY, AND THAT MY CHILD WILL BE EXPECTED TO OBEY RULES SET BY GROUP LEADERS TO ENSURE SAFETY. I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE FIRST UNITED METHODIST CHURCH OF WINTER GARDEN AND ITS REPRESENTATIVES FROM ANY ALL AND CLAIMS OR LIABILITIES WHICH MAY RESULT FROM THE ABOVE NAMED MINOR'S PARTICIPATION IN TRIPS AND ACTIVITIES AS STATED.

I ALSO AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COSTS, FEES, OR FINES THAT THE FIRST UNITED METHODIST CHURCH OF WINTER GARDEN MAY INCUR AS A RESULT OF MY CHILD'S PARTICIPATION IN ANY GIVEN ACTIVITY OR TRIP (I.E. VANDALISM, THEFT, ILLEGAL ACTS, ETC.).

PARENT/GUARDIAN SIGNATURE

NOTARY

DATE:_____COUNTY:_____STATE:_____

_____GOVERNMENT ISSUED ID AND NUMBER:_____

_____KNOWN PERSONALLY TO ME

NOTARY SIGNATURE:_____

SEAL/STAMP: