



**United Methodist Church of Monroe**  
**2018 – 2019 Waiver and Release of Liability**  
**and Medical/Health Insurance Release**

A permission slip must be submitted for any individual participating in a church activity, trip or event that takes place away from the church.

**Name of Event/Project:** \_\_\_\_\_

**Date of Event/Project:** \_\_\_\_\_

**Participant's Name** (please print) \_\_\_\_\_

**Parent/Guardian Permission** for medical treatment, transportation, publicity, youth group meetings, fundraising, and youth group activities.

**Initial if you agree:**

\_\_\_\_\_ I hereby certify that my child is in good physical and mental health at this time and wants to participate in the above event/activity.

\_\_\_\_\_ I give consent for the UMC Monroe to interview, photograph, videotape, or electronically image my child for use on the church website, newsletter, Facebook page, etc.

\_\_\_\_\_ UMC Monroe has my permission to transport my child on a trip.

\_\_\_\_\_ In case of an emergency, an adult from the UMC Monroe or currently certified first aider, has permission to give necessary first aid/CPR to my youth. I also authorize the person in charge to obtain and consent to, on my behalf, whatever medical diagnosis treatment deemed necessary or advisable by such person for the well-being of my child.

\_\_\_\_\_ I understand that my child's participation may result in an unexpected illness or injury, due to accidents, forces of nature, or other unforeseeable events. Such illnesses or injuries could include diseases, strains, sprains, fractures, dislocations, and/or death. These injuries (if incurred) could cause permanent disabilities. I realize that there are certain risks arising from participation, and I am willing to assume such risks.

\_\_\_\_\_ I, on behalf of my child, my personal representatives, heirs, assigns, and/or designees hereby agree to release, hold harmless, and indemnify the Trustees, United Methodist Church of Monroe, and/or its agents, officers, and employees from any and all claims of suits for bodily injury, medical expenses, property damage, wrongful participation in this Church event or project, whether or not such claims or suits arise from the negligent acts by the organizers of this activity, their employees, volunteers, other participants, or any other person.

\_\_\_\_\_ I have read this waiver and release. I understand that I have given up my rights to file a claim against the Church, and am signing this waiver voluntarily.

**SIGNATURE OF PARENT IS REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS.**

**Parent Signature**

**Date**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**List of Emergency Contact(s)**

**Home Phone**

**Work Phone**

**Cell Phone**

List of Emergency Contact(s)	Home Phone	Work Phone	Cell Phone

I authorize the church to release any medical information on my behalf. My health insurance company is as follows:

\_\_\_\_\_  
**Name of Health Insurance Company**

\_\_\_\_\_  
**Insurance ID Number**