

WELBORNE UNITED METHODIST CHURCH
2018-19 Fun and Faith MEDICAL PERMISSION/INFORMATION AND WAIVERS

Name: _____
Last First Middle initial

School: _____

Birth date: _____
Month/day/year

Grade: _____

please print clearly

Notify in case of emergency:

Name: _____

Address: _____

Email: _____

Relationship: _____

Home phone: _____

Cell phone: _____

Name: _____

Address: _____

Email: _____

Relationship: _____

Home phone: _____

Cell phone: _____

Family Doctor (name and phone): _____

Any allergies to medicines, foods, etc.: _____

Date of last tetanus shot: _____

Other dietary considerations (eg. Vegetarian): _____

Any history of serious illness (diabetes, asthma, epilepsy, etc.), recent injuries or hospitalizations
(Please list): _____

Other concerns leaders should be aware of: _____

What medications (if any) are currently being taking?: _____

OVER

WAIVERS/PERMISSION

In the event _____ suffers any illness or accident requiring emergency medical care or hospitalization while participating in Welborne Fun and Faith activities, on recommendation of the doctor, after consultation with the adult chaperone in charge, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the leaders will contact me at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult chaperones for the particular event to protect the safety of those involved, and in consideration thereof, I, the undersigned, do hereby release, forever discharge and agree to hold harmless **Welborne UMC**, its Trustees, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the Fun and Faith activities.

Parent Name: _____ Date: _____

Parent Signature: _____

Youth Health Insurance Company: _____

Policy #: _____

_____ HAS MY PERMISSION TO GO WITH WELBORNE Fun and Faith TO ALL RELATED ACTIVITIES FROM September 1, 2018 - September, 2019. I, the undersigned, do hereby also grant permission for Participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Welborne UMC. Participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

YOUTH SIGNATURE: _____

PARENT SIGNATURE: _____

WELBORNE UNITED METHODIST CHURCH 2018-19 Fun and Faith PHOTO WAIVER

I hereby authorize Welborne UMC, located in Richmond, Virginia ("Welborne"), to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me in connection with printed materials or other media it distributes, displays, transmits or exhibits. such distributions, displays, transmissions or exhibits may include, but are not limited to, publications, newsletters, magazines, brochures, CD ROMs, websites, social media and/or videos. I understand that my authorization grants Welborne the right to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me without compensation or further notice.

I hereby release and discharge Welborne for any and all liability arising out of or relating to the foregoing.

By signing this Consent and Release Form, I consent to allow the above named minor to participate in the activities described above and allow the information obtained from the above named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute the

Consent and Release Form under the laws of my country, (ii) I have the legal authority to represent the above named minor and (iii) I have read and understand this Consent and Release Form.

Name (printed): _____

Date: _____

Signature: _____