

Asbury United Methodist Church

Fall 2008 – Summer 2009

Permission to Participate, Medical and Transportation Release Form

_____		_____		M	F
Student's Name		Date of Birth		Sex	
_____		_____			
Parent's/Guardian's Name		Parent's/Guardian's Name			
() _____	() _____	() _____	() _____		
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone		
_____		_____			
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			

Alternative Emergency Contacts

If unable to contact the above individuals, I/we hereby grant permission to contact:

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
() _____	() _____	() _____	() _____
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone

Medical Information

Hospital/Clinic Preference

Physician's Name	_____	Phone Number	_____
Insurance Company	_____	Policy Number	_____

Allergies/Special Health Considerations

Current Medication(s)

In the event of an accident, injury, or illness, the adult supervisors are hereby authorized to secure any and all medical services that my child may need. I understand and acknowledge that I/we will be responsible for any and all medical, surgical, medication, and transportation costs which may be incurred on behalf of my child.

I/We further agree to indemnity, hold harmless, release, and forever discharge Asbury United Methodist Church from any claims which I or my heirs or any other persons acting on my behalf have or may have against Asbury United Methodist Church by reason of accident, illness, or any other consequences arising directly or indirectly from the participation of the minor child named above in the Asbury UMC student ministry program during the **2008-2009 school year and summer of 2009** including but not limited to traveling off-site for activities. This authorization is valid until revoked by me, in writing.

Parent(s)/Guardian(s) Signature

Date

Permission to Participate

The child named above has my/our permission to participate in the Asbury UMC student ministry program during the **2008-2009 school year and summer of 2009**. I understand that traveling off-site for various activities may be required and give permission for the child named above to travel with the Asbury UMC student ministry adult leaders and church staff to off premise activities.

Parent(s)/Guardian(s) Signature

Date

Website Content Usage / Photo Consent Permission Form

I give Asbury United Methodist Church of Livermore, CA permission to use images, music, and/or vocal performances and grant the Asbury United Methodist Church all rights to use these sound, still, or moving images as content on its website, <http://www.asburylive.org> or on Facebook groups sponsored by Asbury United Methodist Church. I agree that all rights to the sound, still, or moving images belong to the Asbury United Methodist Church. I understand that in all events, the images do not include names with the pictures.

The undersigned certifies that he/she has read this instrument and understands all of its terms. The undersigned has hereunto set his/her hand and seal hereon, and agrees to be bound by the terms of this instrument, on the day signed below.

Parent(s)/Guardian(s) Signature

Date