

First United Methodist Church Nacogdoches Medical/Liability/Photo and Video Parent Release Form

Youth Name	Date of Birth
Home Address	City/State/Zip
Home Phone	Cell Phone
Youth Email	Parent Email

I hereby give permission for _____ to attend events and participate in activities sponsored by First United Methodist Church of Nacogdoches, Texas including, but not limited to, youth meetings, church sponsored events, retreats and field trips, whether held on site or off the FUMC facility. I understand that as a participant my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials. I understand that alternate forms of transportation, including the use of a church bus or carpooling may be used. I also give consent to emergency medical treatment to be administered to my child and for medical treatment decisions to be made by church leaders during sponsored events. I understand that all reasonable attempts will be made to contact me in the event of an emergency. I understand that FUMC Nacogdoches assumes no financial responsibility for medical expenses resulting from personal accidents or illness. I accept financial responsibility for the well being of the above named child(children) and authorize the group sponsor to seek needed medical help. As the parent or legal guardian of _____, I understand that the FUMC is not liable or responsible for any loss or damage to personal property that happens while participating in the trip. I also understand that the FUMC, its church staff, and/or chaperones bear no responsibility or liability for any accident or injury that may occur to my child while participating in this trip, and I agree to assume all liability and bear all financial responsibility. I also agree to indemnify the FUMC, its staff and/or chaperones for any damages caused by an alleged act or inaction by my child.

Name	Signature	Date
Parent/Guardian Name	Phone #1	Phone #2
Parent/Guardian Name	Phone #1	Phone #2
Emergency Contact (Relationship)	Phone #1	Phone #2
Physician Name	Phone#1	
<i>Insurance Carrier</i>	<i>Plan/Group</i>	<i>Policy #</i>
Medical Problems		
Medical Allergies		
Medications		

Check here if additional notes on reverse