

# Wesley Chapel United Methodist Church

Combined Permission; Release, Waiver of Liability, and Indemnity Agreement;  
and Emergency Medical/Contact Information for Children's Activities

Student Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Birthday: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Parent(s)/Custodial Adult(s)' Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Best email address: \_\_\_\_\_

If unable to contact above named adult(s), emergency contact:

(1) \_\_\_\_\_  
(Name) (Relationship)

Daytime phone: \_\_\_\_\_ Nighttime phone: \_\_\_\_\_

(2) \_\_\_\_\_  
(Name) (Relationship)

Daytime phone: \_\_\_\_\_ Nighttime phone: \_\_\_\_\_

Name and phone number of primary physician: \_\_\_\_\_

Allergies (including medications student can NOT take)/Special Health Concerns:

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

## Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of \_\_\_\_\_ (student's name), I/we give permission for Wesley Chapel United Methodist Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

**Medical Insurance Company:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_ **Participant ID Number:** \_\_\_\_\_

**Medical Insurance Phone Number:** \_\_\_\_\_

## Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for \_\_\_\_\_ (name of student) to participate in the activities of Wesley Chapel United Methodist Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our student to participate in the activities of Wesley Chapel UMC, I/we release Wesley Chapel UMC, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our student arising from our student's participation in the activities of Wesley Chapel UMC; and I/we agree to indemnify and hold forever harmless the Wesley Chapel UMC, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our student arising from activities on or off the premises of Wesley Chapel UMC or resulting from traveling to or from the activities of Wesley Chapel UMC, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect unless revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our student's medical and insurance information as changes occur.

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

## Photo Permission

I/we understand that my student may be photographed while participating in the activities of Wesley Chapel United Methodist Church.

I/we (do) or (do not) give permission for a recognizable image of my child to be posted on the Wesley Chapel UMC website or bulletin boards or Facebook page. I understand that a non-recognizable image, such as a group picture may be posted.

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

## Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our student to travel in a vehicle operated and occupied by only one adult. (Yes) (No)

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult