



Activity Consent and Release

The Dunwoody United Methodist Church Youth Ministry takes every precaution to make sure your child is provided a safe environment during activities and trips. Please carefully read over this form and sign in the appropriate spaces. We encourage parents to keep a copy of this form and to contact the youth ministry staff with any questions or concerns.

Youth Name	
Parent/Guardian Name	
Street Address	
City ST Zip	
Primary Phone	
Secondary Phone	
Parent Email	
Student DOB / Grade	
Insurance Name	
Group ID/Policy #	
Allergies/Medication	

Has permission to participate in _____

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Dunwoody United Methodist Church, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation including transportation to and from activity. I agree that my child's likeness may be used by Dunwoody United Methodist Church for promotion of Youth Ministry and Church events.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____