



Parental Consent and Liability Release Form

CHILD(REN'S) NAMES: _____

BIRTH DATES: _____

ADDRESS: _____

PHONE(s) Father Cell: _____ Mother Cell: _____

PARENT(S)/GUARDIAN NAME(S): _____

TO WHOM IT MAY CONCERN: The undersigned do(es) hereby give permission for our (my) child(ren) ("Participant(s)"), to attend and participate in activities sponsored by Baylake United Methodist Church.

LIABILITY RELEASE: In consideration of **Baylake UMC** allowing the Participant(s) to participate in activities such as the following, but not limited to: **Sunday School, Events, Camps, Retreats, and Synergy Student Ministry**, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Baylake UMC**, its directors, 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(s) while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this (these) Participant(s) hereby grant our (my) permission for the Participant(s) to participate fully in children and youth ministry activities, including trips away from the church premises. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this (these) Participant(s). The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant(s), including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

MOVIE VIEWING PERMISSION: The undersigned does also hereby give permission for our (my) child(ren) to view movies and/or video streaming sponsored by **Baylake UMC** including movies rated G, PG, and PG-13 with prior knowledge provided.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) child(ren) to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by **Baylake UMC**. My child(ren) and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTOGRAPHY & VIDEO PERMISSION: The undersigned does also hereby give permission for our (my) child(ren) to be photographed and/or video recorded while attending and participating in activities sponsored by **Baylake UMC**. My child(ren) and I understand that any photo or video representation will be made available to the parent, as well as, be in the health and well-being of the child(ren) and Church.

Medical Insurance: Yes _____ No _____ Insurance Company: _____

Policy/Group ID #: _____ Emergency Contacts -in case parent(s) can't be reached:

Name: _____ Phone #: _____

Allergies or Medical Conditions: _____

Swimming restrictions: ___No ___Yes Explain _____

Activity restrictions: ___No ___Yes Explain _____

Parent(s)/Guardian(s) signature: _____ Date: _____