

ISLE OF HOPE UNITED METHODIST CHURCH WEEKDAY MINISTRIES

PARENTAL CONSENT AND LIABILITY RELEASE FORM

Please complete this form and return to the Director of Weekday Ministries.

Participation will NOT be allowed without a completed form and a copy of your insurance card.

Student's Information:

Name: _____ Preferred Name: _____

Date of Birth: _____ Gender M or F: _____

Parents' Name(s): _____

Street Address (City, State, Zip): _____

Primary Phone: _____ Work Phone: _____

Email Address: _____

Church Home: _____

Emergency Contact (someone other than parent; name and best contact phone number): _____

Student's Health Information:

Allergies / Medication: _____

Insurance Company Name: _____ ID/Group Number: _____

Name of Insured: _____

A copy of your insurance card is required. Please submit it with this form.

By signing and initialing below I agree to the following conditions and give my child permission to participate Weekday Ministries:

_____ Medical Treatment Permission: I understand that in the event of a medical emergency, every attempt will be made to contact me with the information provided on this form. In the event I cannot be reached, I consent to give the Adult Leader(s) to whom my child's care has been entrusted, consent to obtain any emergency medical and any further medical attention or procedure deemed necessary by the physician giving care. I understand my insurance will be used in the event medical attention is needed.

_____ Liability release: In consideration for allowing the Participant to participate Weekday Ministries, we (I), the undersigned, do hereby release, forever discharge, and agree to hold harmless Isle of Hope United Methodist Church, its employees, volunteers, and agents (collectively referred to as the "Church") from any and all liability, claims, and demands for personal injury, sickness, death; or property damage and expenses of any nature incurred while participating in Weekday Ministries.

_____ Transportation Permission: I give permission for my child to ride in any vehicle designated by the adult(s) to whom my child's care has been entrusted, while attending and participating in events sponsored Weekday Ministries.

_____ Photograph and Image Release: I give the Church consent without further consideration or compensation to use any photos or images of my child taken during ministry activities for use with various forms of communication, including social media. In no case will your child's name be used in any communications.

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