

First United Methodist Church of Jasper - Student Release Form

Sept. 1, 2018-Aug 31, 2019

Name (first and last) _____
Address _____ City _____ State _____ Zip _____
Student Cell: _____ Grade _____ Date of birth _____ Gender: _____
Guardian's Name _____ Cell # _____ Email: _____
Alternate Contact _____ Cell # _____ Email: _____

I. MINOR CHILDREN

I, _____, the parent or legal guardian of _____ (here after referred to as "minor") a minor, hereby acknowledge that the Minor is presently under my care and custody. I give permission for the Minor to go to and participate in activities with First United Methodist Church of Jasper (here referred to as "Church") including those activities requiring transportation to other locations.

The Minor is voluntarily participating in these activities, including transportation to and from such activities, with my full knowledge of the dangers involved and hereby we agree to accept any and all risks of injury of such participation and transportation. In the unlikely event of an emergency necessitating medical or surgical attention, I consent to and give my permission to the Church, its representatives, or trip leaders to make decisions to perform medical treatments and/or surgery upon the Minor, which may, in their sole discretion, be necessary and proper under the circumstances. I understand that I will be financially responsible for any part of the cost of any medical treatments and/or surgery, which may be deemed necessary for the Minor to the extent not paid by insurance. I, the undersigned parent and/or guardian of the Minor, do release, discharge, and agree to hold the Church and its representatives, or trip leaders harmless, from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by the Minor during activities with the Church.

Signature of parent and/or guardian _____ Date _____

III. MEDICAL INFORMATION (to be completed by ALL participants)

Insurance Company _____ Policy Number _____
Group Number _____ Policy Holder Name _____
Primary Doctor's Name and Phone _____

List any physical limitations which might hinder participation in activities (allergies, asthma, migraines, etc.)

List any medications (and doses) which are taken regularly _____

List any special information needed, should medical treatment be required (blood types, drug allergies, diabetes, etc.)

IV. PHOTO RELEASE (to be completed for all minor participants)

I, the undersigned, understand that promotional photos (individual and group) have been, or will be, taken during these events. I give permission for my student's picture to be used for promotional materials (newsletter, web page, promotional signs, various social media platforms, etc.) in highlighting the event. I also authorize any publication, broadcast or other use of my student's name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity arising out of any activity associated with the program without further compensation and agree that all such materials are the sole property of First United Methodist Church, Jasper.

Signature of participant _____ Date _____