

Booneville First United Methodist Church Consent Form

Minor's name: _____

Address: _____

Parent/legal guardian name: _____

Telephone numbers where you can be reached during this time: _____

Alternate person to contact in case of emergency if parent can't be reached:

Name, relationship Phone: _____

Name, relationship Phone: _____

INSURANCE INFORMATION

[PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR CHILD'S INSURANCE CARD]

MEDICAL HISTORY/KNOWN ALLERGIES TO FOOD, DRUGS, BEE STINGS, ETC.

(If more space is needed please use back of sheet)

LIST ALL MEDICINE CURRENTLY TAKING AND WHAT MEDICAL CONDITION IT IS TAKEN FOR:

I hereby give permission for my minor child, _____, to attend and participate in Church Camp and/or mission work (hereinafter "Program"). I understand that there are inherent risks and hazards associated with my child's participation in the Program and I hereby give my voluntary consent for my child to participate fully in all Program activities. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my minor child as a result of his/her participation in the Program or while in, on, or upon the premises where the Program is being conducted or while in transit to or from.

In consideration for the right of my child to participate in this Program, I, on behalf of my child, myself, and my child's heirs, assigns, and personal representative(s), hereby covenant not to sue and further release, waive and discharge Booneville First United Methodist Church and its trustees, officers, agents, employees and volunteers from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage or injury, including death, sustained by my minor child or my child's property arising out of my child's participation in the Program, whether caused by the negligence or breach of any expressed or implied contract by Booneville First United Methodist Church.

My child is allowed to travel with Booneville First United Methodist Church in the transportation provided by said church. If at any time it's necessary for my child to receive medical attention, I hereby give my consent to Booneville First United Methodist Church and its trustees, officers, agents, employees and volunteers to secure those services and arrange transportation if deemed necessary. I'm aware that I will be responsible for all medical expenses resulting from any illness or injury.

In signing this release, I acknowledge and represent that I have read this document, understand it, sign it voluntarily, and no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made. I further warrant that I am the above named minor child's legal guardian, and I agree to indemnify and hold Booneville First United Methodist Church harmless for any claims made by any other person claiming to be the minor child's legal guardian.

I AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Signature of Parent / Legal Guardian Date

Notary Signature & Seal

Additional Notes: