**YOUTH & CHILDREN FORM
Permission Form and Release of Liability**

**2023-2024**

Full Name of Child , ,

 (last name) (first name) (preferred name)

Home Address

City State Zip

Home Phone Child’s Mobile Phone

2023-2024 School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_

EMERGENCY CONTACT INFORMATION

Are you the child’s parent or legal guardian? ☐ Parent ☐ Legal Guardian

Parent/Legal Guardian Name

Home Address

City State Zip

Day Phone Mobile Phone

Evening Phone E-mail

*Alternative contact in case of an emergency.*

What is this alternate contact’s relationship with this child? ☐ Parent ☐ Legal Guardian ☐ Other:

Alternate Contact Name

Home Address

City State Zip

Day Phone Mobile Phone

Evening Phone E-mail

MEDICAL & INSURANCE INFORMATION

Doctor’s Name Doctor Phone

Dentist’s Name Dentist Phone

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes | ☐ No | Food Allergies | List: |
| ☐ Yes | ☐ No | Medication Allergies | List: |
| ☐ Yes | ☐ No | Tetanus Shot | Date of Shot: |
| ☐ Yes | ☐ No | Other Medications | List/Reason: |

Insurance Provider Insurance Phone Number

Insurance Provider Address

City State Zip

Group # Identification #

Pharmacy Name Pharmacy Address

Please submit a copy of your current insurance card with this completed Form.

THE RELEASE OF LIABILITY, INDEMNIFICATION, AND OTHER PROVISIONS ON THE OTHER SIDE OF THIS PAGE ARE INCORPORATED INTO THIS FORM AND ARE REQUIRED FOR THIS CHILD TO PARTICIPATE IN ACTIVITIES AT OR SPONSORED BY PUM

1. CONSENT AND DISCLOSURE. I acknowledge there are certain risks associated with my child participating in any activity, including physical injury from activity-related accidents, physical injury from transportation related accidents, and other unanticipated accidents, injuries, and illnesses including but not limited to COVID-19. I have disclosed to Providence United Methodist Church (PUMC) all relevant medical and other information relating to my child. I will determine that my child is physically and medically able to participate safely in an activity before allowing him or her to participate. I will make sure that my child is not experiencing any symptoms nor has been around anyone recently who has experienced a serious communicable illness such as COVID-19. I will seek additional information from PUMC if I need it to determine whether to allow my child to participate in a particular activity at or sponsored by PUMC. I hereby consent to my child participating in all activities and events at or sponsored by PUMC (collectively, “PUMC Events”) in which my child participates or that my child attends.

2. ASSUMPTION OF RISK. I, on behalf of my child and myself, hereby assume all of the risks of my child attending and participating in PUMC Events, including all risks that may arise from the negligence of PUMC or its employees or volunteers.

3. RELEASE. I, on behalf of my child and myself, hereby forever release and discharge PUMC and all of its employees and volunteers from and against all current and future demands, claims, actions, liabilities, damages, expenses, and attorney’s fees arising out of or relating to my child’s attendance at or participation in PUMC Events, including any personal injury or damage to property, and including any of the foregoing arising in whole or in part out of the negligence of PUMC or any of its employees or volunteers.

4. INDEMNIFICATION. I, on behalf of my child and myself, will indemnify, defend, and hold harmless PUMC and all of its employees and volunteers from and against all demands, claims, actions, liabilities, damages, expenses, and attorney’s fees arising out of or relating to any acts or omissions of my child, or any injury my child may suffer, during my child’s attendance at or participation in PUMC Events.

5. LOSS, THEFT, OR DAMAGE. PUMC will not be liable for any loss or theft of, or damage to, property that occurs at PUMC Events, regardless of the cause and even if the damage or injury is caused in whole or in part by the negligence of PUMC or its employees or volunteers. PUMC is not responsible for any items brought to or left at PUMC Events.

6. FOLLOWING REQUIRED RULES. My child will abide by all rules provided by PUMC or its employees or volunteers and all applicable laws.

7. EMERGENCY ADULT ACCOMPANIMENT. In the event of a medical emergency, all PUMC employees and volunteers are given permission to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery under advisement of qualified medical personnel until a parent or legal guardian is present, including Olivia Tobin, Director of Youth Ministries.

8. CHANGES IN INFORMATION. I agree to submit to PUMC promptly in writing all updated and changed information regarding my child.

9. GOVERNING LAW. This Agreement will be governed by the laws of the State of North Carolina.

10. SEVERABILITY. The invalidity or unenforceability of any provision of this Agreement will not affect the validity and enforceability of the remaining provisions.

Parent/Legal Guardian Name (print name legibly) Signature of Parent/Legal Guardian

Parent/Legal Guardian Name (print name legibly) Signature of Parent/Legal Guardian

**NOTARY REQUIRED FOR AT LEAST ONE PARENT OR LEGAL GUARDIAN**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a Notary Public for the State of North Carolina in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

 Notary Public

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.