

**Hope United Methodist Church  
Combined Permission Slip and Release Form**

**Event Type** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE: Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and Emergency Medical/Contact Information for Children and Youth Activities**

**Child/Youth Name:** \_\_\_\_\_  
(Last) (First) (M.I.)

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**Parent/Custodial Adult Name:** \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Custodial Adult Name:** \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In case of emergency contact:**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Name and phone number of primary treating physician:**

\_\_\_\_\_

**Allergies (including medications child/youth can NOT take) / Special Health Concerns:**

\_\_\_\_\_

\_\_\_\_\_

**Authorization to Obtain Urgent or Emergency Medical Care**

As the parent(s) or custodial adult(s) of \_\_\_\_\_ (child/youth's name), I/we give permission for Hope United Methodist Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

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Parent/Custodial Adult

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Parent/Custodial Adult

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Medical Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Participant I.D. Number: \_\_\_\_\_

Medical Insurance Phone Number: \_\_\_\_\_

**Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement**

I/we give permission for \_\_\_\_\_ (name of child/youth) to participate in the activities of Hope United Methodist Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Hope UMC, I/we release Hope United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Hope UMC; and I/we agree to indemnify and hold forever harmless the Hope United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Hope UMC or resulting from traveling to or from the activities of Hope UMC, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

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Parent/Custodial Adult

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Parent/Custodial Adult

**Photo Permission**

I/we understand that my child may be photographed while participating in the activities of Hope United Methodist Church. I/we (do) or (do not) give permission for a recognizable image of my child to be posted on the Hope UMC website and Facebook pages. I understand that a non-recognizable image, such as a group picture, may be posted. Names of children will not be noted.

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Parent/Custodial Adult

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Parent/Custodial Adult

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Date

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Date