

DFUMC Youth Event Permission Form

June 1, 2023 – May 31, 2024

(Please print legibly)

Name of Student: _____ Date of Birth: ___/___/___ Grade: _____

Address: _____ City: _____ State/Zip: _____

Parent/Legal Guardian's Name: _____

Home Phone #: _____ Parent Cell Phone #: _____

Parent E-Mail Address: _____

Additional Emergency Contacts, Phone # & Relationship: _____

Insurance Company Name: _____

Policy #: _____ Group #: _____

Insurance Company Phone #: _____

Doctor's Name: _____ Doctor's Phone #: _____

Medical Information We Should Know (Allergies, Medications, etc.) : _____

I wish for my child to participate in activities made available to participants of the Youth Ministries at Duluth First United Methodist Church from June 1, 2023 to May 31, 2024. I, the undersigned parent or legal guardian of _____, a minor, do hereby release authorization and give permission to Duluth First United Methodist Church to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify Duluth First United Methodist Church, its directors, employees, and agents for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. In the event of an emergency, I hereby authorize an adult leader of this ministry, as an agent for me, to consent to an x-ray; examination; emergency transportation; medical, dental, surgical diagnosis; treatment or hospital care advised and supervised by a physician, surgeon, or dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I further assume responsibility for the decision so made and the emergency care or treatment so secured for our child. I understand that, given proper time and circumstances, I will be notified by phone as soon as possible when treatment is needed or secured. Furthermore, should it be necessary for the participant to return home due to a medical condition, disciplinary action, or otherwise, I assume all transportation costs involved.

Date: _____

Signature of Parent or Legal Guardian

PHOTO/VIDEO RELEASE

June 1, 2023 – May 31, 2024

As the parent or legal guardian of the student indicated on the form, I hereby give permission from June 1, 2023 – May 31, 2024 for images of my child, captured during regular and special activities through photos and videos, to be used solely for the purpose of promotional purposes, publications, social media platforms and websites of Duluth First United Methodist Church and Duluth First UMC Youth, and waive any rights of compensation or ownership thereto. I hereby release Duluth First United Methodist Church and its trustees, officers, employees, agents, and legal representatives and assigns from any and all claims and liability relating to its use of said photos and videos.

Student Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____