



FIRST UNITED METHODIST CHURCH

Methodist Youth Fellowship

Post Office Box 663
102 West Gilmore Street
Senatobia, Mississippi 38668

Telephone
(662) 562-5214/5215

PERMISSION AND LIABILITY RELEASE FOR 2017 YOUTH ACTIVITIES

Youth's Name _____	Parents Contact information:
DOB _____	Name _____
Address _____	Address _____
Day Phone _____	Day Phone _____
Youth Cell phone _____	Cell/Other _____
Youth email _____	E-mail _____

Insurance Information:

Insurance Company: _____	Other Emergency Contact:
Policy Number: _____	Name _____
Address: _____	Address _____
Parent/Guardian Employer: _____	Day Phone _____
	Cell Phone _____

Medical Information:

Allergies: _____ Last tetanus or DPT _____

Medications at this time: _____

Significant conditions or surgeries _____

I, _____ (Parent/Legal Guardian), give permission for minor _____ to go on any and all trips/outing for the period from January 1, 2017 to December 31, 2017 in connection with the youth program of First United Methodist Church. I understand my child may be traveling in a church vehicle or a private vehicle. I authorize an adult representative of the church to seek appropriate care and treatment in case of a medical or dental emergency. I agree to be liable for and pay all costs and expenses incurred in connection with medical or dental services rendered to aforementioned minor. I agree to hold harmless First United Methodist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while participating on these trip/outing. I further agree to notify First United Methodist Church in the event of any changes to the above information.

Signed _____
Parent or Legal Guardian

Date: _____

General Permission Permit and Medical Release

We, the undersigned parent(s) or guardian of the within named minor child, request that _____ be allowed to participate in youth activities of First United Methodist Church, Senatobia, Mississippi, during 2017.

Furthermore, we hereby waive, release and discharge First United Methodist Church of Senatobia, Mississippi, their staff members, instructors, agents, workers, and employees from any claim or cause of action of any kind and any form, to include transportation of the above minor child, to and from any events in which said child may participate. Also, we waive any claim against the driver/owner of any vehicle used in the transportation of my child from any action rising during, before, or otherwise related to these events.

We are satisfied that the driver(s) of the vehicle is a responsible, careful and considerate driver and will exercise judgment and discretion in all of his actions and decisions.

It is the intent of the Permission and Release to allow First United Methodist Church of Senatobia, Mississippi, to allow my child to participate in its activities, without fear of suit or other reprisal for any accident, etc., that might happen during the course of my child participating in church-related events.

Dated this the _____ day of _____.

Signature of Parent(s) or Guardian

Limited Power of Attorney

We, the undersigned parent(s) or guardian of _____ hereby authorize and grant the designated leader the power and authority and Power of Attorney to contact for or otherwise provide any and all kinds of medical care for our above named dependent to be exercised in his or her sole discretion. We further agree to reimburse him or her for any medical expense he or she might incur as a result of exercising this power and authority hereby granted on this date.

Further, the seeking of medical/dental or other care shall be in sole discretion of the designee herein above mentioned and he or she shall be allowed to choose any medical or health-related facility he or she might desire.

This instrument shall remain in full force and effect until revoked by the undersigned in writing.

WITNESS OUR SIGNATURES on this the _____ day of _____.

(seal) **My Commission Expires:** _____