

Parental Consent and Liability Release Form

Participant's Name: _____ Age: _____ DOB: _____
Address: _____
Phone: _____ School: _____ Grade: _____
Parent(s)/Guardian Name(s) _____ HH: _____ SP: _____
Cell Phone(s) _____ HH: _____ SP: _____

To Whom It May Concern:

The undersigned hereby **give permission for our(my) child(ren):** _____ to participate in Children or Youth Ministry Events sponsored by the Korean United Methodist Church of Koinonia ("KUMC of KOINONIA") in 2019-2020

LIABILITY RELEASE: In consideration of KUMC of KOINONIA allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless KUMC of KOINONIA, its directors, employee, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities.

We(I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital licensed under the provisions of the Medical Practice Act on the medical staff of licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth/child to ride in any vehicle driven by an approved ADULT chaperone while attending and participation in activities sponsored by KUMC of KOINONIA. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Medical Insurance: Yes ___ No ___	Medical Insurance Company: _____
Policy/Group ID#: _____	
Family Doctor Name: _____	Phone: _____
Emergency Phone# in case parent/guardian cannot be reached: _____	
Allergy or Medical Conditions: _____	
Parents/Guardians Signatures: _____	Date: _____

