

MORTON UNITED METHODIST CHURCH
PERMISSION SLIP AND RELEASE

August 2011 – August 2012

I/We, _____, as parent(s) and guardian(s) of _____, a minor ("Child"), for the consideration of Child's participation in programs, held at or around the Church Facilities located at 420 N. Tennessee, Morton, Illinois, or within the Morton Village limits, and sponsored through Morton United Methodist Youth Ministry, do hereby release and discharge Morton United Methodist Church, its agents, servants, successors and assigns from all claims, demands, damages, actions, rights of action, of whatsoever kind or nature, which I/we now have or may hereafter have, arising out of, in consequence of, or on account of Child's participation in these programs. I/We further covenant and agree that in the event Child, upon obtaining the age of majority, files any suit at law against Morton United Methodist Church, its agents, servants, successors and assigns, relating to the event referenced herein, I/we will indemnify and hold the same harmless of and from all liability and expense, including attorney fees, thereby incurred. Specific information regarding the above-referenced programs or activities has been and shall be distributed to the youth, and is available by contacting Aaron Yoder, the Morton United Methodist Church Youth Minister.

I/We have read the foregoing Release and fully understand it.

I/We hereby give permission for Child to travel with the Morton United Methodist Youth Ministry Group and their adult leadership, and for the ministry leaders to secure medical treatment for Child in the event of an emergency. I/We shall be notified as soon as possible in the event any medical treatment is necessary. This Permission Slip and Release shall be valid and shall cover the above-described transportation and activities from the date of execution through August 31st, 2012.

Signed this ____ day of _____, 200__.

PARENT SIGNATURE

PARENT SIGNATURE

PARENT NAME *(please print)*

PARENT NAME *(please print)*

Contact Phone Number

Contact Phone Number

Secondary Phone Number *(cell/work)*

Secondary Phone Number *(cell/work)*

EMERGENCY CONTACTS

First Contact: _____
Name Relationship Phone #

Second Contact: _____
Name Relationship Phone #

MEDICAL INFORMATION

Physician: _____ Business phone number: _____

Insurance Company: _____

Group Policy Number: _____ Member Number: _____

Allergies: _____

Medications Used: _____

Known Medical Problems/Conditions: _____

Preferred Treatment Facility: _____