Christ United Methodist Church Parental Waiver/Release/Consent Form

Effective January 1 2025 - Dec 31st, 2026

(Youth 18 and older may fill out and sign this form.)

Child's Name:______

Date of Birth: ______ Current Grade: _____

Parent(s)/Legal Guardian(s): ______

Primary Email: ______

Primary Phone: ______

Home Address: ______

Emergency Contact Person & Number (if different than above) ______



Upcoming Trips & Retreats

- Winter Retreat: January 2025
- Choir Tour: May 27 31, 2025
- Camp Barnabas Mission Trip: July 5-11, 2025
- SLT Retreat: June/July 2025
- All Church Retreat: November 2025
- Winter Youth Retreat: January 2026
- Choir Tour: June/July 2026
- Mountain TOP: June/July 2026
- International Mission Trip: May/June 2026

(continued on next page)

Notification of Alle	ergies and Medical Conditions	
My child/I am allergic to the following:		
My child has/I have sensitivities to:		
My child has/I have the following medical conditions	:	
My child takes/I take the following medicines:		
Signature:	Date:	

Medical Insurance Information

-	eader(s) accompanying my child to obtain emergency med uthorization or a photocopy thereof. (Please attach copies past year.)	
Insurance Company:		
Group Insurance Number:		
Family Doctor (Name):	(Office Phone):	
(Address):	(Answering Service):	
PLEASE NOTE THAT IT IS THE RESPONSIBILIT INFORMATION AS THE NEED ARISES.	TY OF EACH PARENT, GUARDIAN OR MANAGING CONSER\	VATOR TO UPDATE THIS
Signature of Parent, Guardian or Managing	Conservator	
	Parental Permission	
, such child being under group and participate in the activities sponsomay involve either traveling in church owned	guardian, or managing conservator of (Child's name) eighteen (18) years of age, does give permission for such ored by the CHRIST UNITED METHODIST CHURCH (hereaft d vans, rented vehicles or in other buses or private vehicle ove, unless canceled by written notice by Christ UMC.	child to accompany the er "Christ UMC") and which
a minor), and may result in various types of i	to the participant (and to the participant's parents or gun njury including, but not limited to, the following: sickness emotional injury, personal injury, property damage, and f	, exposure to infectious/
guardian if the participant is a minor) acknov ation to and from the activity. The participal other loss sustained during the activity or du	cipate in the activity described above (the "activity"), the vledges and accepts the risks of injury associated with partit (or parent/guardian) accepts personal financial responsing the transportation to and from the activity, as well as d by the sponsor or its agents, employees, volunteers, or a sor").	rticipation in and transpor- sibility for any injury or s for any medical treatment
by the above child and agree to release, inde	vees, drivers, sponsors and helpers from any liability for insemnify and waive any rights by subrogation I may have, ar and helpers from injury or damages to my child. If a dispute (or parent/guardian) agrees to resolve the matter through	nd hold harmless Christ te over this agreement or
	consent to medical treatment. I will keep informed of the accompany the group and participate in any specific chur loes not attend the activity.	•
Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date
Signature of Participant (if 18 or over)	Printed Name of Participant (if 18 or over)	Date