

Permission Form

I, being the parent or legal guardian of below named youth, do hereby give permission for my child to participate in below stated trip or activity. My participating child and I hereby release, forever discharge and agree to hold harmless Wesley United Methodist Church and its agents in case of personal injury, sickness, death, or personal property damage incurred while said child is participating in the below stated trip or activity.

ALSO

I, as parent or legal guardian, do hereby give permission for my child to receive medical attention from licensed medical professionals in case of injury or illness while on the aforementioned trip or activity. I consent to pay all costs and expenses of medical or dental services rendered.

Should it be necessary for my child to return home due to medical reasons, I, the undersigned shall assume all transportation costs.

ALSO

I, as parent or legal guardian, do hereby give permission for Wesley United Methodist Church to use pictures or videos of my child taken at this activity or trip.

Youth Name _____

Youth Age _____

Emergency Contact _____

Emergency Contact Phone _____

Event Coordinator(s) & Phone No. _____

Event Date _____

Event Destinations/Locations _____

Leaves from & time _____

Return to & time _____

Parent or Legal Guardian Signature

By signing above I verify that I have read and agree to the parental liability release and medical release form written above.