

Hibben UMC Parental Release Form- Youth and Children

In consideration for being accepted by Hibben United Methodist Church for participation in all children's and/or youth events we, being the parents or legal guardians of _____, do release and agree to hold
(name of child)

harmless Hibben United Methodist Church and the director thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and child-participant that occur while the child is participating in church sponsored activities.

We, on behalf of our child-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved.

Authorization and permission are given to said church to furnish any necessary transportation, food, and lodging for our child-participant.

We, as parents/legal guardians of the child-participant, give our permission for him/her to participate fully in the trip/activity. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the minister/trip leader may choose a reputable physician.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

Please complete the following section in its entirety. Please PRINT.

Name of child: _____

Signature of parent of guardian: _____ Date: _____

Child's address: _____ City/State/Zip: _____

Date of Birth: _____ Home Phone: _____

Parents' Names: _____

Parent Cell Phone #: _____ Parent e-mail: _____

Child e-mail address: _____ Child cell phone: _____

Allergies: _____ Date of last tetanus shot: _____

Medication taken regularly: _____

Please provide a copy of the front and back of the child's healthcare insurance card OR complete the following section:

Physician Name: _____ Phone: _____

Insurance Co. Name: _____ Phone: _____

Group #: _____ Policy #: _____

Photo Release Form

Permission from a parent or guardian is must be given to Hibben United Methodist Church to use a minor’s picture or video on its website, social media pages, or in other official church printed publications without further consideration. I acknowledge the church has the right to crop or treat the photograph(s) at its discretion. I also acknowledge that the church may choose not to use my photograph(s) at this time, but may do so at its own discretion at a later date, up to 5 years from the date the photograph was taken. I also understand that once my image is posted on the church’s website, the image can be downloaded by any computer user, anywhere in the world. Therefore, I agree to indemnify and hold harmless the church, its trustees, pastor, associate pastors, its members and designees from any claims arising out of the use of my photograph(s). The church reserves the right to discontinue use of any photograph(s) without notice.

- You may use pictures of my child_____ on website, social media or other official church publications.
- You may NOT use pictures of my child_____ on website, social media or other official church publications.

(parent or guardian signature)

(Date)

Text Messaging Communication (For Parents of 7-12 graders only)

The Youth Ministry of Hibben United Methodist Church uses multiple means to communicate with the youth and parents concerning programming and events including US Postal Service mailings, e-mails, & text messaging. Text Messaging is one form of communication that is popular and practical when trying to communicate in this day and age. The text messages sent by the Youth Ministry will be reminders about upcoming events, announcements about schedule changes, instructions to check email or visit the youth ministry website for updated information, and biblical or inspirational messages. Your permission is being requested because receiving text messages can involve a financial obligation and varies depending on your carrier and plan.

- I give permission for Hibben United Methodist Church Youth Ministry to communicate with _____
(Youth Name)
via text message.
- I do NOT give permission for Hibben United Methodist Church Youth Ministry to communicate with _____
(Youth Name)

via text message.

(Parent/ Guardian’s Signature)

(Today’s Date)

The following information is required in order to receive text messages.

Youth’s Name: _____ Cell Phone #: _____

Parents, if you would like to receive text messages regarding the Youth Ministry please provide the requested information.

Parent’s Name: _____ Cell Phone #: _____

Parent's Name: _____ Cell Phone #: _____

Valid through December 31, 2017