



**Orange Park  
United Methodist Church**

**PARENTAL CONSENT AND MEDICAL AUTHORIZATION  
THIS FORM IS REQUIRED FOR ANYONE UNDER 18 AND  
MUST BE NOTARIZED!**

*Please Provide a Copy of the Front and Back of Your Insurance Card*

Name of Youth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apt Number City State Zip Code

Daytime Phone Number: \_\_\_\_\_ Parent(s)/Guardian(s) Cell Phone(s): \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

As the parent (or legal guardian) of: \_\_\_\_\_

Youth's Name

I understand that my youth will be participating in a number of activities for the period 8/1/09 - 8/31/10, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my youth to participate in these activities.

Please indicate any restrictions on your youth's activities:

\_\_\_\_\_ I represent that my youth is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_\_\_ I represent that my youth has restrictions on the following particular activities:

\_\_\_\_\_ I also understand and give consent for my child to travel to and from these events in transportation provided at times by volunteer drivers.

**AUTHORIZATION**

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my youth's participation in any of the activities listed above.

Allergies or other health considerations: \_\_\_\_\_

List any medications your youth is taking: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**NOTARY PUBLIC** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

(SEAL)

# WAIVER, RELEASE OF LIABILITY, AND CONSENT TO MEDICAL ATTENTION

Orange Park United Methodist Church  
152 Stowe Ave. / Orange Park, FL 32073  
Phone: 904.264.2241

In exchange for my being allowed to participate in events sponsored by Orange Park United Methodist Church (herein referred to as "OPUMC"), I and, if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Obligation to Inspect Facilities and Equipment: I agree that prior to participating in the event, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the supervisor of the event and OPUMC of such unsafe condition(s) and refuse to participate in the event.

2. Identification of Risks: I understand the participation in the event may involve risk of serious injury, including permanent disability and death, and other losses, both to persons and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the event, or the condition of the premises or of any equipment used.

3. Assumption of Risk: I assume all risks, known and unknown, in any way connected with my participation in the event. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the event.

4. Waiver and Release: I waive, release, and hold harmless OPUMC and its directors, officers, sponsors, employees, volunteers, agents, successors, and assigns from all claims for any liability, injury, loss or damage in any way connected with my participation in the event, **whether or not caused in whole or part by the negligence or other misconduct of OPUMC or any of the persons mentioned above**. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, and next of kin or assigns who might pursue any legal action or claim for such liability, injury, loss or damage. Furthermore, in consideration of my child's participation in the event set forth above, I hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** OPUMC from any and all claims, demands, rights of actions or liabilities of whatsoever nature that any person had, now has, may have or might in the future have against OPUMC, including but not limited to, any and all claims, demands, rights of actions or liabilities based upon any NEGLIGENCE on the part of OPUMC based upon, arising out of, or in any manner connected with my child's participation in the event identified above.

5. Consent to Medical Treatment: I agree that OPUMC may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon OPUMC to provide such assistance, transportation, or services.

6. Media Consent: I understand that pictures of the event, which may include my youth, will be available for use in church publications.

**I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent/Guardian