

Permission To Participate & Release Of Liability

Rose Hill United Methodist Church

21022 Rosehill Church Road
Tomball, Texas 77377
281-351-5356

By my signature below, and as parent or legal guardian of the child named herein, I authorize

(name of youth / child) _____ to participate in

_____ on _____ (Date).

While I believe that youth participation in RUMC activities offers many benefits, I also acknowledge:

1. Participation in youth activities includes certain risks and hazards to my child, including water sports or other recreational activities that may subject my child to the risk of physical injury;
2. Certain RUMC activities may involve transportation by motor vehicle, which may be provided by other *youth* or adults not employed by RUMC.

Because I believe the benefits my child will receive from participation in youth activities far outweigh the risk of injury to my child, to the extent permitted by Texas law:

I covenant to release and hold harmless RUMC, its youth directors, adult leaders, and any other person associated with RUMC youth activities from any claim for injury or damages of every kind, including any claims arising out of the negligence of any person acting in furtherance of RUMC youth activities _____ (initial)

I further authorize any adult leader present at any youth activity to take whatever steps necessary to obtain emergency medical care for my child as his/her best judgment warrants, and I agree to reimburse RUMC for any costs incurred in providing/obtaining such care.

My signature below acknowledges my agreement to the terms contained herein. This release of liability will remain in effect until such time as my child reaches the age of majority or until I notify RUMC in writing of my intent to withdraw same.

Permission granted by signature of parent or legal guardian

Printed Name _____ Signature _____

Date _____

In case of an emergency you may reach me at the following numbers:

Contact, Health and Allergy Information

Child Information

Child's Full Name _____

DOB _____

Address _____

Phone _____

E-Mail _____

Contact Information

Parent/Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

Person to contact in case of emergency _____

(if parent/guardian not available)

Home Phone _____

Work Phone _____

Cell Phone _____

Child's Physician _____

Office Phone _____

Insurance Information

Insurance Company _____

Policy Number _____

Allergies

Allergies-Food _____

Allergies-Medicine _____

Allergies Other _____

Medications your child takes regularly _____

Any restrictions of activities for medical reasons ____yes____no

If yes, please explain:
