



Today's Date: _____

Waiver of Liability

I, _____, give my permission for participant, _____, to attend and participate in the Church Programs. I understand these activities involve certain risks; and I hereby waive any and all claims against Creekwood United Methodist Church, their agents, volunteers, employees or instructors on behalf of myself or the participant, for any accident or injury the participant may sustain while participating in the Church Programs or while transporting the participant to and from any activity.

Signature of Parent or Guardian

Date

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize a Church leader to secure proper medical treatment for _____. I give my consent for necessary emergency treatment for the participant while under the care of a physician/hospital/clinic.

Signature of Parent or Guardian

Date

Emergency Contact Information

Name: _____

Relationship to participant: _____

Primary Phone: _____

Secondary phone: _____

Publicity and Picture Release Permission

Pictures of the participant, _____, while involved in the church program **MAY** or **MAY NOT** (Circle One) be taken for the purpose of helping the publicity efforts of the church program. The name of the participant **MAY** or **MAY NOT** (Circle One) be released or the same purpose.

Signature

Date