



PARENTAL CONSENT AND MEDICAL AUTHORIZATION 2019-2020



Name of Teen: _____ Grade: _____ Birthdate: _____

Address: _____ City _____ Zip code _____

Parent/Guardian Name: _____ Relation to teen: _____

Parents' phone number: _____ Alt. emergency number: _____

Parent's email address: _____

Participant (and participant's parent(s)/guardian(s), if applicable) hereby acknowledges and understands that voluntary participation in programs, games, and activities at First United Methodist Church of Mount Dora involves the risk of injury and/or death. These risks and dangers may be caused by the negligence of the participant or the negligence of others. By participating in such activities, participant (and participant's parent(s)/guardian(s), if applicable) expressly assumes all the risk, consequences, and liability related to this activity. Participant (and participant's parent(s)/guardian(s) if applicable) hereby release, forever discharge, and hold harmless the First United Methodist Church of Mount Dora, Florida Annual Conference of the United Methodist Church, it's officers and directors, employees, agents, and volunteers from all actions, causes of action, injuries, claims, negligence, costs, or expenses arising out of or related to any such activities. Participant (and participant's parent(s)/guardian(s), if applicable) understands that this is a full and complete release of all injuries and damages, which may be sustained as a result of my participation in programs, games, and activities of First United Methodist Church.

We also hereby consent to and authorize the reproduction, publication, and use by the Owner for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of my child or other family members.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional. 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 child/youth's participation in any of the activities listed above.

Allergies or other health considerations:

Limitations on physical activities:

Insurance Company: _____ Policy/Group # _____

*****Please provide us with a copy of your insurance card.**

Signature of Parent or Guardian _____

**** Notarization required for off-campus, overnight trips only.**

Notary's name _____ Notary stamp:

Notary's signature _____ Date _____