



## South Shore United Methodist Children Ministry

### Informed Consent, Liability, and Medical Release

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

South Shore United Methodist Church makes every reasonable effort to conduct its activities in a safe and prudent manner. However, many if not all such activities have inherent risks associated with them. In light of this, the parent or legal guardian of any child who takes part in any South Shore United Methodist activity knowingly assumes responsibility for the consequences that may flow from such participation. Accordingly, South Shore United Methodist Church requires that the parent or legal guardian of **all participants** sign the informed consent and liability release below indicating that they understand the potential risks.

I acknowledge that my child's participation in ministry activities, both self-guided and staff-led, involves known and unanticipated risks which could result in personal injury or other undesirable results. I understand that such risks simply cannot be eliminated.

I agree that I am solely responsible for my child's participation and for his or her physical and emotional well-being. I am aware and understand that all ministry activities are strictly voluntary; and it is my own choice to allow my child to participate in each activities and to whatever degree I deem appropriate after due consideration of his or her physical health, physical abilities, and medical condition. I am willing to assume the risk of any medical or physical condition my child may have.

I certify that I have adequate insurance to cover any injury or damage my child may suffer or cause while participating, or else I agree to bear the costs of such injury or damage. I acknowledge that South Shore United Methodist Church does not provide health or accident insurance for participants.

I have carefully read the foregoing and I understand that by my signature I herein I agree to indemnify, hold harmless and defend South Shore United Methodist Church its employees, volunteers or other agents for any liability, damages, costs, including attorney fees, or loss of any nature I or my child may incur during or after said child's participation in any aspect of any program. I further understand that by signing this document, I am relinquishing legal rights and remedies as provided for above that may have otherwise been available to me. I understand that this waiver and release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is help invalid, the remaining shall continue in full force and effect.

<b>Participant's Full Name:</b>		
<b>Date of Birth:</b>	<b>Age:</b>	
<b>Address:</b>		
<b>City, State, ZIP:</b>		
<b>Parent(s)/Legal Guardian(s) Name:</b>		
<b>Phones: Home</b>	<b>Cell</b>	<b>Work</b>
<b>Email:</b>		

**MEDICAL INFORMATION** Complete **every** section of this form. If section not applicable, state N/A.

<b>Primary Physician:</b>
<b>Physician's Phone Number:</b>
<b>Insurance Company:</b>
<b>Insured ID#:</b>

Please list all medical conditions the participant has, such as: diabetes, asthma, allergies, heart problems, migraine headaches, epilepsy, sinus trouble or any other medical problem including communicable diseases:

\_\_\_\_\_

List any food allergies:

\_\_\_\_\_

List any other allergies (Bees, Fire Ants, Grass, Etc.)

\_\_\_\_\_

Last tetanus shot (List month and year)

\_\_\_\_\_

Is the participant allergic to any medication? Yes No

If YES please list by name:

\_\_\_\_\_

If I cannot be reached please contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

The following people are permitted to pick up my child, should I not be available:

\_\_\_\_\_

I have applied sunscreen to my child: Yes No

**Please be advised that your child may be photographed during South Shore United Methodist Church's events. Photos may be displayed during the Worship service, and may also be used on our church website, Facebook page and other church correspondence.**

(initial) \_\_\_\_\_ Yes! I give permission for SSUMC to photograph my child and use the photos as described above.

(initial) \_\_\_\_\_ Opt Out: I DO NOT give permission for SSUMC to photograph my child.

**EMERGENCY MEDICAL AUTHORIZATION:**

In the event of an emergency, I hereby give permission to South Shore United Methodist Church staff and volunteer workers who are with my child to provide and/or obtain medical assistance for my child. I also give permission to the medical personnel selected to secure proper medical treatment for my child. .

Print Parent/Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_