

# CHILDREN/YOUTH@trinity

Children's/Youth Ministries

Trinity United Methodist Church

Volunteer/TUMC Staff

Name of Adult \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to participant \_\_\_\_\_

## Medical/Health Insurance Information

Person Insured \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Any allergies or special medical concerns: \_\_\_\_\_

Doctor \_\_\_\_\_ Phone #: \_\_\_\_\_

## Release of All Claims

In consideration for being accepted by Trinity United Methodist Church for participation in all TUMC youth activities, I do hereby release, forever discharge and agree to hold harmless said church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, if any may be incurred by the undersigned participant while participating in the above described activity.

Furthermore, I hereby assume all risk of personal injury, sickness or death, damage and expense as the result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant during scheduled trips and/or activities.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

As participant, I hereby grant permission to transport me to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of any and all medical bills.

Further, should it be necessary for me as participant to return home due to medical reasons or otherwise, I hereby assume all transportation costs.

**(CONTINUED ON BACK!)**

**Publicity/Information Release**

I hereby give Trinity United Methodist Church the absolute right and permission to use, publish and republish photographs and/or video of my child taken during the dates contained by this release, in whole or in part. I assign all rights to the photographs to Trinity United Methodist Church and authorize the reproduction, sale, publication, transmission, broadcast, and/or distribution of said photographs without limitation. This may be include, but not be limited to brochures, newsletters, videos and/or websites. These images will be used for a variety of church related purposes and I understand these images may be used without further notifying me. I also give permission to publish address/phone information in the local youth directory. Demographic information only will be provided to the church office and United Methodist conference office if requested, but will not be shared with any other source.

**Participant Covenant of Conduct**

I am a representative of the Christian community and I am responsible for my actions. I understand and agree that by agreeing to be an adult leader, I am automatically a role model to all those who might observe my behavior. I will therefore remember to model appropriate, healthy, Christian behavior at all times and will always support and respect those in charge of whatever event I am assisting with.

**Participant Acknowledgement**

I have read the above and agree to all the stipulations contained herein.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Updated:**

Date _____	Initials _____	Date _____	Initials _____	Date _____	Initials _____
Date _____	Initials _____	Date _____	Initials _____	Date _____	Initials _____