

**Northbrook United Methodist Church
Youth Group Parental Consent and Liability Release Form 2017-2018**

Youth's name: _____ Birth Date: _____ Cell Phone: _____

Parent(s)/Guardian Name(s): _____

Work Phone(s) _____ / _____ Cell Phone(s) _____ / _____

LIABILITY RELEASE

The undersigned do(es) hereby give permission for our (my) child: _____ ("Participant"), to attend and participate in **Northbrook United Methodist Church's** youth ministry activities, events, and retreats for up to one year after date of signature.

In consideration of Northbrook United Methodist Church allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Northbrook UMC, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the youth Participant while involved in the youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor youth-Participant(s)] hereby assume all risk of personal injury, sickness, death, damage and expense as a 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. The undersigned further hereby agree to hold harmless and indemnify said Church 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.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Northbrook UMC.

MEDICAL INFORMATION

Medical Insurance Company: _____ Name of Insured: _____

Policy/Group ID#: _____ Emergency Contact and Phone #s: _____

Please list any Allergies, Current Medications, Dietary Needs, and/or Special Health Considerations:

(please attach a copy of your insurance card to this form)

Parent/Guardian Signature(s) _____ Date _____

_____ Date _____

If you have any questions, contact Christine Hides at christine@northbrookumc.org