

Echo Youth Ministries

Parental/Guardian Consent and Liability Release Form

Event: _____ Date: _____

Youth Name: _____

Street Address: _____ City: _____ State: _____

Zip: _____

Phone: _____ Emergency Phone: _____

Age: _____ Date of Birth: _____ Grade in School: _____

We the undersigned parent/guardian authorize permission for the above named youth to attend this event, sponsored by HAYMOUNT UMC. We authorize any adult sponsor to consent to any x-ray, medical, surgical or dental treatment and hospital care. As parents/guardians, we do hereby release, forever discharge, and agree to hold harmless Haymount UMC, its Youth Director, other church staff and other adult chaperones of Haymount UMC from any and all liability which result from personal injury, sickness or death. We assume all responsibility as a result of participation in recreation and work activities involved in this event. Should it be necessary for our child to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation cost.

Insurance: yes no

Ins. Company: _____ Policy #: _____

Allergies: _____

Special Medication Needs: _____

Any limitations in activities by doctor or parent/guardian: _____

Parent/Guardian Signature: _____ Date: _____

Return form to: HUMC, Attn: Dave Thomas 1700 Fort Bragg Road, Fayetteville, NC 28303 910-484-0181

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