



Youth Group 2016-2017 Permission/Waiver Form (Grades 7-12)

Youth Information	Youth #1	Youth #2	Youth #3
First Name			
Last Name			
Date of Birth			
List any medical problems, allergies, etc.			
Youth Cell Phone			
Youth Email (if applicable)			

Family Information	
Parent Name	
Street Address	
City, State, Zip	
Family Home/Cell Phone	
Parent Email	
Physician Name	
Telephone #	
Insurance Co.	
Telephone	
Policy #	
Emergency Contact Name	
Telephone #	

Permission for Publicity

On occasion, Newark United Methodist Church takes photographs or makes an audio or videotape recording of children and/or adults involved in church/youth activities. I consent to the use of any such audio or visual record of the child named above (or me, if I am participating) to be used, distributed, or displayed as agents of the church see fit.

I give permission for publicity: _____

I do not give permission for publicity: _____

Release of Liability

By signing this waiver form, I grant permission for the child named above (or me, if I am a participant) to participate in and engage in the 2012-2013 youth group events of Newark United Methodist Church. My child and I are physically and mentally able to participate in these activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities and have discussed them with my child if necessary.

I release Newark United Methodist Church, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which neither I or the alternate contact can be reached, I authorize the adult leaders to make medical decisions for my child and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless Newark United Methodist Church and its affiliates, volunteers, and employees of any and all claims arising from my child's (or my) participation in activities or as a result of injury or illness of my child (or me) during such activities.

I represent that I am the participant, or parent/guardian of _____, who is under 18 years of age. I have read the Permission/Waiver Form and am fully aware of the contents thereof. I give permission for the child named above (or me) to fully participate in the activities of Newark United Methodist Church.

Signature of Participant or Parent/Guardian _____

Date _____