

Oak Grove Youth Ministry

Release, Hold Harmless and Consent Form

EVENT: _____ DATE _____ TIME _____

Youth's Name _____ Birth Date _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ E-Mail _____ Grade in or just completed _____

Father's Name _____ Work Phone _____ Cellular _____

Mother's Name _____ Work Phone _____ Cellular _____

Name of Physician _____ Phone _____

Medical Insurance Company _____ Policy/Group ID # _____

Medications or Medical/Physical Info _____

Person other than parent to contact in case of emergency:

Name _____ Phone _____ Relationship _____

TO WHOM IT MAY CONCERN:

Liability Release: WE (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Oak Grove UMC, it's directors and those adults supervising above designated trip or activity, thereof, 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 that occur while said youth is participating in the above designated trip or activity.

Furthermore, we (I) (and on behalf of our (my) minor youth participant) 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 Oak Grove UMC to furnish any necessary transportation, for and lodging for this participant. The undersign further hereby agree to hold harmless and indemnify Oak Grove UMC, it's directors, employees, volunteers and agents, for any liability sustained by Oak Grove UMC as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Medical Treatment Permission: The undersigned does hereby give permission for our (my) youth, named above, to attend and participate in the above designated activity sponsored by Oak Grove UMC on the above designated date.

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, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or said 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 the 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.

Transportation Permission: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Oak Grove UMC. Our (my) youth and I understand that SEATBELTS SHALL BE WORN AT ALL TIMES during transportation.

Parent(s)/Gaurdian Signature(s) _____

Youth Signature _____ Date _____