

Liability Release Form

New Albany United Methodist

New Albany United Methodist Church offers a variety of services and voluntary activities designed to enrich the youth ministry experience of our church. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational services and voluntary activities often associated with youth ministry. While New Albany United Methodist Church will endeavor to assure the safety of its youth and staff members, there are unavoidable risks of injury, even death, associated with any such related services and voluntary activities. Both youth and staff members (including volunteers) may have the opportunity to participate in such activities.

In consideration for being accepted by New Albany United Methodist Church for participation in these services and voluntary activities, we (I), being 21 years of age or older, do for and on the behalf of our (my) youth participant do acknowledge and agree to the following:

- I have read and understand the risks summarized above;
- I understand that my participation in youth activities and receipt of youth services is voluntary;
- I further authorize and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant;
- Furthermore, we (I) on the behalf of our (my) youth participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in all services and activities involved therein;
- In consideration of my child's attendance at youth ministry service or activity of New Albany United Methodist Church, I, for myself and on behalf of my minor child and our executors, administrations and heirs, release and hold New Albany United Methodist Church, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my child's attendance at a New Albany United Methodist Church youth service or activity for injury to my child or his or her property or his or her death caused by the negligence of these entities and/or individuals.

NAME OF YOUTH: First name _____ Last name _____

PARENT/GUARDIAN SIGNATURE: _____

PHONE NUMBER: _____ DATE: _____

PARTICIPANT COVENENT NEW ALBANY UNITED METHODIST

As a member of the New Albany United Methodist Church youth program, or a friend, I agree to conduct myself according to Christian standards during all the services and activities. I agree to abide by the following expectations:

1. Be supportive and courteous to others in our ministry.
2. Leave all places we come in contact with cleaner than when we arrived.
3. Possess or use no alcohol, illegal drugs, fireworks, cigarettes or tobacco products.
4. Respect designated male and female areas.
5. Listen to and respect the instruction of adult youth leaders.

YOUTH SIGNATURE: _____

This form may be photocopied.

HEALTH FORM
New Albany United Methodist Church

First Name _____ Last name _____

Birth date ____ / ____ / ____ Age _____ Grade _____ Male/Female _____

Mailing Address _____

City _____ State _____ Zip _____

Parent/Guardian/Spouse _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email _____

If Parent NOT available in an emergency, notify:

1) Name _____ Phone _____

2) Name _____ Phone _____

Have you had allergic reactions to:

Hay fever _____ Insect Stings _____ Ivy poisoning _____ Penicillin _____

Other drugs (specify) _____ Food (specify) _____

If yes to any allergies, please describe the reaction: _____

Any Activity Restrictions _____

Any Daily or Occasional Medication (specify) _____

Special Diet (specify) _____

Family Insurance Company and Policy Number: _____

Family Doctor Name _____ Phone _____

Family Dentist Name _____ Phone _____

This health history is correct as far as I know and the person herein described has permission to engage in all youth activities, except as may be noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the New Albany United Methodist Youth program staff to order X-rays, standard tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the New Albany United Methodist Church Youth program staff to hospitalize, secure proper medical treatment for, and to order injection and/or surgery for me/or my child as named above.

Signature of Parent or Guardian or Adult Participant/Staff

Name _____ Date _____