

Clayton First United Methodist Church
PO Box 703, Clayton, GA 30525 (Fax 706-782-7454)

Participant Information

Child's Name: _____

Permission to Participate in Activities and Trips

_____ has my permission to participate in activities with Clayton FUMC. I understand that with extended driving distances, risk is present that may or may not be beyond human control, and there is always the potential of serious injury or even death. As the legal parent/guardian, I, being of sound mind, hereby release Clayton FUMC, its agents, employees, and chaperones from any liability or consequences of my request to participate in the aforementioned activity including travel to and from; and I so release. I make this release entirely of my own volition without any threats, coercion, or encouragement from any employee or representative of Clayton FUMC. I understand that all attempts will be made to contact me should an emergency or disciplinary problem arise.

Parent / Guardian (please sign & date) _____

Please check if in agreement:

_____ My Child has my permission to travel in vehicles owned by Clayton FUMC and/or personal vehicles operated by agents (youth minister and volunteers) of Clayton FUMC.

Authorization of Consent to the Treatment of Minor: (In case of a medical emergency)

I, (we), the undersigned, parent(s)/guardian(s) of the above mentioned minor, do hereby authorize Clayton FUMC staff and chaperones as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of the said physician or at the hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Parent / Guardian (please sign & date) _____

Release of Clayton First United Methodist Church (aka CFUMC)

Parent's/Guardian's Name: _____ shall indemnify, hold free and harmless, assume liability for, and defend CFUMC, its agents, employees, chaperones, servants, officers, and directors from any and all costs/expenses including but not limited to: attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which CFUMC, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the aforementioned minor's use of real or personal property belonging to CFUMC, its agents, employees, chaperones, servants, officers, and directors, or by action or omission by aforementioned minor.

Parent / Guardian (please sign & date) _____