

# Lake Jackson First United Methodist Release Form

I, the undersigned parent or guardian of: \_\_\_\_\_ recognize and appreciate the danger of possible injury inherent in traveling—both in activities and transportation.

I agree to release the church, chaperons, and drivers from any claim of any nature whatsoever and to indemnify and hold them as harmless for any injury or damages (of any nature) to the aforesaid minor occurring from the time they meet at the church until the time of their arrival back at the church.

In case of emergency treatment, I hereby give my permission to the physician selected by the group leader and his sponsors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Signature of parent or guardian: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Restrictions (Diet, Medicine, etc.) \_\_\_\_\_

Is minor bringing medicine? \_\_\_\_\_ Explain: \_\_\_\_\_

Name and emergency phone number in case you cannot be reached:

\_\_\_\_\_

I also understand that I will be financially responsible for transportation should my child be sent home due to unacceptable conduct. I will do my best to impress upon my child the importance of his or her cooperation and conduct during this trip. There will be absolutely no tolerance for use of illegal drugs or alcohol, sexual misconduct, or abuse of other people's property. All conduct should be of the highest Christian regard. Respect for the leadership is both expected and required. Every individual will participate in all group activities and remain with the group at all times.

Parent or Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Youth Signature: \_\_\_\_\_