

**North Alabama Conference United Methodist Church  
Children and Youth Participation Permission and Liability Release**

I hereby grant my child, \_\_\_\_\_, permission to attend and participate in all activities,  
(Full Name of child)

field trips and ventures offered by and/or through the North Alabama Conference Children's and Youth Ministries, (hereinafter referred to as "NAC") beginning on November 11, 2010, and continuing in full force and effect until this Release is revoked by me in writing and said writing is delivered to NAC. I agree that the attendance of my child at any conference, district, local church or camp level activity constitutes my agreement with and acceptance to the terms of this Release. I agree that my child's picture or likeness may be included in any photographs or videos taken at any such event.

I accept full responsibility for my child's actions, and I hereby indemnify and hold harmless the NAC, its districts, local churches, approved ministries, agents, employees and assigns, against any and all loss or damage arising from any and all accidents or injuries caused by my child, whether accidentally or willfully, to: (i) property owned by the NAC, or any district, local church or camp within the NAC; (ii) property of those acting as employees, agents or assigns (including, without limitation, volunteers and event staff), of the NAC, or any of its districts, local churches, camp or approved ministries; and (iii) personal injuries or death suffered by any employee, agent, volunteer or staff member of the NAC or any district, local church, approved ministry or camp within the NAC.

I further accept full responsibility for my child's safety and I hereby release, hold harmless, and agree to indemnify and defend NAC, its agents employees and assigns, including, without limitation, volunteers and event staff, from and against any and all damages arising out of, relating to or resulting from my child's participation in any NAC-approved or sponsored activity, except to the extent wholly caused by the gross negligence or intentional misconduct of any such volunteer(s) or event staff.

In the event of injury to or illness of my child while engaged in an NAC-approved or sponsored event, I hereby expressly grant to the NAC, its agents, employees and assigns, permission to seek such medical care (including emergency treatment) as any of such persons reasonably believe is needed, based on their good faith assessment of all attendant facts and circumstances, and I hereby agree to indemnify and hold harmless the North Alabama Conference of the United Methodist Church, together with all of its districts, local churches, approved ministries, agents, employees and assigns, from all expenses incurred in obtaining medical treatment for my child.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Signature of Mother/Father/Guardian)

\_\_\_\_\_  
(Signature of Child, if age 19 or older)

STATE OF ALABAMA            )  
                                          :  
COUNTY OF \_\_\_\_\_ )

Before me, the undersigned notary public in and for said county in said state, personally appeared \_\_\_\_\_, whose name is signed to the foregoing and who is known to me and who, being by me first duly sworn, on oath deposes and says that he/she has read the foregoing Permission and Liability Release and has signed same voluntarily.

Given under my hand and official seal on this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**CONTACT NUMBERS AND OTHER INFORMATION**

Home telephone \_\_\_\_\_ Local relative/friend \_\_\_\_\_

Mother's work \_\_\_\_\_ Mother's cell \_\_\_\_\_

Father's work \_\_\_\_\_ Father's cell \_\_\_\_\_

Emergency Number \_\_\_\_\_ Child's Physician \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_

Health Insurance company Group Number & policy Number: \_\_\_\_\_

Full name of insured: \_\_\_\_\_ Social Security Number of Insured: \_\_\_\_\_

Allergies: (food, environmental, etc.) \_\_\_\_\_

**Additional pertinent information (including information about your child's medications) may be noted on the back of this form.**

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