



VICKSBURG UNITED METHODIST CHURCH

YOUTH MINISTRIES

217 South Main St., Vicksburg, MI 49097

Phone (269) 649-2343 * www.vicksburgumc.org

PERMISSION FORM

GENERAL RELEASE TRAVEL & HOLD HARMLESS AGREEMENT

Student Name: _____ DOB: _____ / _____ / _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ -- _____ Emergency Phone: (____) _____ -- _____

I, _____, am the parent or legal guardian of _____ (the "Minor"), who desires to participate in various programs, events or activities Inside the United States (hereinafter collectively referred to as the "Activities") operated or sponsored by Vicksburg United Methodist Church. (VUMC).

I understand and acknowledge VUMC will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have investigated the risks involved in the Minor's participation in the Activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge the Minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I REQUEST VUMC ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEAVE AND FOREVER DISCHARGE VUMC IT'S OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF VUMC FROM ALL AVTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, RANSOM DEMANDS, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OR HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES REGARDLESS OF THE THE SPECIFIC CAUSE THEREOF.

I acknowledge and agree that I have given my consent for the Minor to remain in the custody of VUMC's representatives while participating in the Activities.

This Agreement is binding on the Minor's Heirs, Successors and Personal Representatives.

____ Initial

THE PURPOSE OF OUR YOUTH MINISTRY IS TO PROVIDE STUDENTS THE OPPORTUNITY TO **LOVE** GOD, **LEAD** OTHERS TO CHRIST, **LINK** TOGETHER WITH OTHER CHRISTIANS, **LEARN AND GROW** IN THEIR FAITH, AND **LOOK** AFTER THE NEEDS OF OUR COMMUNITY.

MEDICAL TREATMENT AND POWER OF ATTORNEY

In the event the Minor suffers any injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort or medical treatment is delayed, and reasonable attempts to contact me and my spouse have been unsuccessful, I hereby appoint VUMC Leadership as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the Minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the Agent is first able to contact me or my spouse.

____ Initial

PHOTOGRAPHY, VIDEO & MEDIA RELEASE

Regarding photographs and video of the Minor taken at any Vicksburg United Methodist Church event, I give Vicksburg United Methodist Church permission to do the following for nonprofit use and without charge: use at the discretion of Vicksburg United Methodist Church, display at a service or event or be used in a multimedia presentation, reprint and distribute for any VUMC nonprofit publication with copyright to accompany photo when used, display on the Vicksburg United Methodist Church website, or use quotes and video clips on the Vicksburg United Methodist Church website and social media accounts.

The undersigned agrees to the above Initialed sections and this agreement is binding on my Heirs, Successors and Personal Representatives.

(Print Full Name) Parent or Legal Gaurdian	Signature	Date