

**APPENDIX L**

POLICY OF Williams Memorial UNITED METHODIST CHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH  
**LIABILITY RELEASE AND PARENTAL CONSENT FORM**  
Williams Memorial United Methodist Church

**LIABILITY RELEASE AND PARENTAL CONSENT FORM FOR**

**Release of All Claims**

In consideration for being accepted by WILLIAMS MEMORIAL UNITED METHODIST CHURCH for participation in \_\_\_\_\_ (specific ministry or event) we, (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless WILLIAMS MEMORIAL UNITED METHODIST CHURCH, it's directors, staff and volunteers from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the recreation or work activities described above.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned agrees to be responsible for all costs associated with the transportation, food and lodging so provided.

Further, authorization and permission is hereby given by the undersigned to said church to photograph participant and use the photographs and likenesses of participant in any manner or media that it chooses, including but not limited to newsletters, websites, or advertising.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said ministry, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume responsibility for all transportation costs.

\_\_\_\_\_  
(Type or print name)

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign).

\_\_\_\_\_  
(Parent(s) telephone)

\_\_\_\_\_  
(Participant's telephone)

Father \_\_\_\_\_ Date \_\_\_\_\_

Hospital Insurance  Yes  No

Mother \_\_\_\_\_ Date \_\_\_\_\_

Insurance company \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_

Participant, if age 21 \_\_\_\_\_ Date \_\_\_\_\_

Physician's phone \_\_\_\_\_

Emergency phone numbers \_\_\_\_\_