

ACTIVITY PERMISSION RELEASE

- 1) Complete form
- 2) Return form to the person in charge listed below
- 3) Retain a copy of this information for your records

| ACTIVITY DETAILS | |
|-------------------|--|
| Name: | Teen Choirs Mission Tour |
| Date: | June 8 – 16, 2019 |
| Location: | Tennessee, Georgia, Florida |
| Departure Time: | Approximately 8:30a (final notification will be communicated) |
| Returning Time: | 6:30p |
| Person in Charge: | Joe Galyon |
| Mobile Contact: | 513.325.0699 |

| PERMISSION RELEASE (please print) | |
|-----------------------------------|--|
| Participant Name: | |
| Birthdate: | |
| T-Shirt Size: | |
| Medical Form on File: | <input type="checkbox"/> YES <input type="checkbox"/> NO (available at www.cos-umc.org) |

MEDICAL RELEASE: _____ INITIAL _____
 Per the medical release, I hereby authorize the treatment of the listed participants by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said participant is engaged in any church program including transportation to and from that program. This authority is granted only after a reasonable attempt has been made to contact me.

TRANSPORTATION RELEASE: _____ INITIAL _____
 I give my permission for this participant to be transported to and from this church sponsored activity in a church, private, or rental vehicle.

DISCIPLINE RELEASE: _____ INITIAL _____
 In the event of inappropriate participant conduct, I authorize the staff to send the participant home at the expense of the participant/parent.

PHOTO RELEASE: _____ INITIAL _____
 I give Church of the Saviour permission to photograph my child and use his or her picture solely in church communication channels (print, electronic, etc.). Names of minors are not published by Church of the Saviour alongside photographs.

GENERAL RELEASE: _____ INITIAL _____
 I, the undersigned, give permission for this participant to engage in the listed activity. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur. I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless Church of the Saviour United Methodist, its officers, Board, employees, agents and any parties volunteering for any and all claims for injuries, causes of action, or liability related to participation in any activity sponsored by Church of the Saviour. This release does not apply to intentional and/or willful acts of misconduct by Church of the Saviour or any of its officers, Board, employees, agents or volunteering parties. Should Church of the Saviour, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold Church of the Saviour harmless for all such fees and costs. By signing this document, I acknowledge that, if anyone is hurt or property damaged during participation in these activities, I and/or my listed participants may be found by a court of law to have waived any right to maintain a lawsuit against Church of the Saviour United Methodist on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document, consulted with an attorney of my choice regarding any questions, and agree to be bound by its terms.

Parent/Guardian Signature: _____ Date: _____