



**THE EDGE YOUTH GROUP  
OF LINGLESTOWN LIFE UMC  
2018-19 PARENT PERMISSION WAIVER FORM**

Youth Name:		Birthday:		Grade:	
Address:			Email:		
City:		Zip:		Cell #:	
Parent/ Guardian Name:		Cell #:		Email:	
Parent/ Guardian Name:		Cell #:		Email:	
Emergency Contact:			Cell #:		
Allergies, Dietary Restrictions, Activity Restrictions (turn over if needed to explain):					
Medical Insurance Carrier:			Policy Number:		
ID Number:		Carrier Phone #:			

**AUTHORIZATION TO OBTAIN URGENT OR EMERGENCY MEDICAL CARE**

As the parent/ guardian of \_\_\_\_\_, I give permission for Linglestown Life United Methodist Church, its staff, and its volunteers to obtain medical care for my youth, and I authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me prior to obtaining such care, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care.

Signature of Parent/Guardian:		Date:
-------------------------------	--	-------

**PERMISSION TO PARTICIPATE, TRANSPORT, AND PHOTOGRAPH; RELEASE AND WAIVER OF LIABILITY, INDEMNITY AGREEMENT**

I give permission for \_\_\_\_\_ to participate in the activities of Linglestown Life United Methodist Church (LLUMC), both on the church premises and elsewhere, and to be transported, when needed, with other youth in a vehicle operated and occupied by one or more adults.

I understand that my child may be photographed or videotaped while participating in the activities of LLUMC. I give permission for a recognizable image of my child to be posted on the LLUMC website, The Edge social media platforms, occasional promotional print items, or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

In consideration of the opportunity of my youth to participate in the activities of LLUMC, I release LLUMC, its staff, and its volunteers from any and all liability of any kind whatsoever for any loss or injury to my youth arising from activities on or off the premises of LLUMC or resulting from traveling to or from the activities of LLUMC, including loss or injury resulting from negligence or gross negligence. I understand and agree that this permission and agreement shall remain in effect until revoked in writing by me, and I understand and agree that it is my responsibility to update the listed medical and insurance information as changes occur.

Signature of Parent/Guardian:		Date:
-------------------------------	--	-------