



Permission and Release Form

Lakeside Fellowship United Methodist Church Youth Ministry

Youth Agreement - To be filled out and signed by Student

I, (student name) _____, agree to follow the following rules during the Lakeside Fellowship UMC Youth Ministry (event name) _____ on (dates) _____:

- I *will not* bring any drugs, alcohol, tobacco, or weapons to the activity
- I *will not* behave in a way that is harmful to my self
- I *will not* threaten others or behave in a way that is harmful to others
- I **will** respect my self, others, and the leaders of the activity
- I **will** follow the instructions of the leaders of the activity
- I **will** follow the rules and regulations of the activity

Youth Signature: _____ Date: _____

Parent Permission, Waiver, and Release - To be filled out and signed by Parent

I give my child, (name of student) _____, permission to participate in the Lakeside Fellowship UMC youth group (event name) _____ on (event dates) _____.

I understand that my child will be sent home at my expense if they are found with any drugs, alcohol, tobacco, or weapons. I also understand that my child will be sent home at my expense if they are behaving in a way that is harmful to themselves, harmful to others, or involves destruction of property.

I agree that my child will abide by the rules and regulations governing the activities and will obey any instructions given by the person or persons having supervision and control over the activities.

I hereby warrant and represent that my child is physically fit and capable of taking part in the activities of this event. I make this warranty and representation on the basis of advice given to me by a duly licensed medical doctor within the last six months and know of no change in my child's medical condition since receiving such advice that would affect the opinion of said medical doctor.

I understand that the chaperones on this activity will exercise reasonable precautions in providing for the safety of my child. I give permission to any adult serving on this activity to seek and obtain medical attention for my child, if necessary, and agree to reimburse Lakeside Fellowship United Methodist Church for any expenses incurred in obtaining that care.

I hereby release and discharge Lakeside Fellowship United Methodist Church and its officers, agents, employees, and assignees from any and all claims for personal injuries or property damage that my child may suffer as a result of his or her participation in the activities and the transportation provided, whether or not such injuries or damages are caused by the negligence (active or passive), of my child or supervisory personnel. In the unlikely event of an emergency, I give the leaders of Lakeside Fellowship United Methodist Church permission to seek whatever medical attention they and the doctors deem necessary for my child. By signing this form, I also release Lakeside Fellowship United Methodist Church and its staff, both paid and volunteer, from any liability that may result from an emergency.

Parent Signature: _____ Date: _____

Parent Contact: _____ (Name) _____ (Phone Number)
