



Permission Slip / Activity Liability Release / Promotional Release / Medical Release

FIRST UNITED METHODIST CHURCH OF HURST • P O Box 1461 • Hurst, Texas 76053 • 817.282.7384 • www.fumchurst.org

I give _____ permission to participate in activities of the Youth or Children's Division of the First United Methodist Church of Hurst, Texas, for the dates below. I understand that such activities are those which are passed by the Church boards or Council and which are publicized in the church newspaper and/or bulletin. I support the Key Sponsor in acting as a responsible leader who is in touch with parent's as well as children's needs. I also realize that I may give special instructions and requests for any individual activity to the Youth Minister, Director of Jr. High Teens, Youth, Elementary or Children's Ministries, at 817.282.7384.

ACTIVITY LIABILITY RELEASE: It is understood and agreed that the undersigned shall not bring or cause to be brought any action due to any accident or personal injury to my child or property damage that might result from my child's participation in any church sponsored activity, on or off campus, whether under the direct supervision of the church, its staff, adult youth, children's leaders, parents or other church members.

To restate, the undersigned agrees to accept full responsibility for my child's participation in any church related or sponsored activity and to hold harmless First United Methodist Church, Hurst, Texas, its staff, adult youth or children's leaders and other church members.

PROMOTIONAL RELEASE: I hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear by FUMC Hurst. I understand that these materials are being used for promotion of the ministry of this church, which includes recruitment and fund-raising efforts. I release First United Methodist Church Hurst from any liability connected with the use of the picture or voice recording as part of any promotional, recruitment, or fund-raising program.

MEDICAL RELEASE: I do give my permission for to be administered medical aid by a physician or hospital staff if the need arises. I assume the responsibility for passing all communication concerning each activity to the parents of any visitor brought by my child or family.

Activity: _____ Date(s) _____

Name: _____

Street Address: _____

City, State, Zip: _____

Parent(s) Name(s): _____

Home Phone _____ Work Phone: _____

Cell Phone(s): _____ Grade in School: _____ Age: _____

Emergency Contact Person(Other than Parent): _____

Contact Person's Phone Number: _____

Doctor(s) Name(s): _____ Dr. Phone Number: _____

Insurance Company: _____ Group # _____

Signature of Parent or Guardian _____ Date _____

List any medical allergies or physical conditions plus special requests: _____