

FIRST UNITED METHODIST CHURCH of MARSHALL, TEXAS
Permission Form

Participant's Name: _____

Current Grade: _____ Birth Date: _____ Gender: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone—Home: _____ Cell: _____ Work: _____

Other person to notify in case of emergency:

Name: _____ Relation: _____ Phone: _____

Release of Liability & Parental Consent

I, the parent or legal guardian of the above participant, by my signature hereon, give my consent for him/her to participate in the church activities sponsored by the First United Methodist Church of Marshall, Texas.

I hereby release all sponsors and the First United Methodist Church of Marshall, Texas from any and all claims, demands, actions, or causes of action, past, present, or future, arising out of any damage or injury to my said participant or ward. I also hereby grant permission to the sponsors of the activity/trip to obtain any and all emergency medical or surgical care, which may in the opinion of such sponsor, be reasonably necessary for the health and well-being of my said child or ward.

Insurance Company: _____ Policy Number: _____

Known Drug Allergies: _____

Known Food Allergies: _____

Any emotional/medical condition we should know about? _____

May we have permission to photograph your Youth for publication? _____

I hereby give permission for my child to participate/travel with the First United Methodist Church of Marshall, Texas.

Signature of Parent/Guardian: _____ **Date:** _____