

Release of Liability, Waiver, and Consent

I, the undersigned, are the parents/legal guardians of _____, a minor, and have given consent for him/her to participate in Middleburg United Methodist Church Youth Ministries. I acknowledge that participation in this program may include physical activities and trips off campus and that there are certain risks associated with participation in any activity or program. Risks may include transportation accidents, injuries, loss of personal items, criminal actions beyond the control of Middleburg UMC, or other harm that may occur to my child. I am aware of the risk associated with such activities and release Middleburg United Methodist Church of any liability for such. In the event that he/she is injured while attending any event of this ministry and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my consent, I hereby authorize any staff or adult counselor to give such consent for me if I cannot be reached by telephone at one of the numbers listed above, or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent so as the treatment is administered by or under the supervision of a licensed physician. I also acknowledge that I (as parent/guardian) will be solely responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity, which they have any question about for health or other reasons. I affirm that the health insurance information provided is current and accurate.

Parent Signature: _____ Date: _____

Photo/Video Consent

I understand that during youth activities, or any activities sponsored by Middleburg United Methodist Church, on or off campus, staff or leaders may be taking pictures or video for use by the church. I hereby consent to any use of photography or videography that includes me or my child by Middleburg United Methodist Church for promotional purposes. Promotional use may include physical, as well as digital copies for online use. I also waive and/or assign any and all rights (including copyright) in such media to Middleburg United Methodist Church. Middleburg UMC will have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Parent Signature: _____ Date: _____

