

Trinity United Methodist Church-Family Covenant effective September 2017-December 2018

Child / Youth Full Name (Participant) _____

Home Address _____
City State Zip

The undersigned do(es) hereby give permission for our (my) child: _____ to attend and participate in Trinity UMC's (TUMC) church & ministry activities, events and retreats during the period of September 2017 through December 2018.

LIABILITY RELEASE: In consideration of Trinity UMC allowing the Participant to participate in church & ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Trinity UMC, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child/youth Participant while involved in church & ministry activities. We (I) the parents(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in church & ministry activities, including trips away from the church premises. Furthermore, we (I) {and on behalf of our (my) minor-Participant(s)} hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation, food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

MEDIA RELEASE: I/WE give permission for media such as photos, videos, sound clips to be used for the purposes of communication about the ministries of Trinity United Methodist Church, understanding that names will not be used in "public" settings: 1. TUMC Website/TUMC Facebook Page 2. Individual Facebook/Instagram of Ministry Staff and other Adults Working with Children/Youth 3. Trinity UMC Facebook Group (closed group) 4. TUMC Instagram 5. TUMC Group Email 5. TUMC Newsletters/Mailings

YOUTH EARLY RETURN HOME POLICY: Should it be necessary for our (my) youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

YOUTH TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by TUMC.

Signature of Parent/
Guardian _____ Date _____

Youth Statement (6th-12th grade): I understand and agree to follow the Trinity UMC youth group expectations and rules.

Signature of Youth: _____ Date _____