

Trinity United Methodist Church-Family Covenant effective January 2021 - June 2022

Child / Youth Full Name (Participant) _____ Telephone _____

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 from January 2021 - June 2022.

CHILD/YOUTH 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.

YOUTH 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.

CHILD/YOUTH MEDIA RELEASE: I/WE give permission for media such as photos, videos, sound clips and social media 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 including: 1. TUMC Website/TUMC Facebook Page 2. Personal Facebook/Instagram of Ministry Staff and other Adults Working with Children/Youth 3. Trinity UMC Facebook Group (closed group) 4. TUMC Instagram and SnapChat 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.

Parent/Guardian Signature _____ Date _____

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

Signature of Youth: _____ Date _____