

**CUMC Student Ministries Group
Youth Group Participation & Short Trip Permission Slip
Talent Release Form**

Name: _____ **Date of Birth:** _____

Address: _____
Street City Zip

Home Phone: _____ **Cell 1:** _____ **Cell 2:** _____

I give my permission for my child (named above) to participate in the Christ United Methodist Church Student Ministries Group (SMG) Sunday Night Youth Group Activities. Activities will include but are not limited to Bible Study, Community Service, Movies, Games, and Refreshments. This form is inclusive of all activities within a 10 (TEN) mile radius of 1020 South Valley Forge Rd, Lansdale, PA. (Based on mileage estimates from Mapquest.)

This activity will generally run from 6:00 PM thru 8:00 PM on Sunday nights. Notification will be sent for any KNOWN deviation from this time schedule and/or for distances greater than outlined in paragraph one. The medical waiver included in this document shall be in effect from the time the youth is dropped off until the youth is released back to you regardless of the estimated times in this paragraph.

I understand that transportation to any location during these events will be provided by Youth Leaders and/or chaperones 25 years of age or older. Transportation may be by Church Bus, private vehicle, or rental vehicle.

I acknowledge that while the SMG will make every attempt to meet the recommendations outlined in the CUMC Safe Sanctuaries Policy we cannot guarantee that background clearance will be available for all individuals present at this function. We will attempt to have at least one (1) male and one (1) female CUMC chaperone with appropriate clearance in attendance at all times.

In the event of a medical or dental emergency I authorize any Youth Leader or adult chaperone of CUMC, as agent for me, to consent to any examination or treatment which is deemed advisable by, and is rendered by or under the supervision of any physician or surgeon licensed under provisions of the Medical Practice Act including, but not limited to, hospitalization, surgery, medication, radiological procedures, transfusions, and anesthesia. Such examination, diagnosis and/or treatment may occur at any licensed hospital, emergency room, clinic, physician's office, surgeon's office, or dental facility. I understand that all reasonable attempts will be made to contact me prior to the initiation of any examination, diagnosis and/or treatment.

I hereby assign and grant to Christ United Methodist Church the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at this event, and I hereby release Christ United Methodist Church from any and all liability from such use and publication. I understand that "publication" may be done via newsletter, bulletin, and/or other method of print and also via internet through our websites.

I **DO NOT** wish for my child's picture to be published. _____ (Parent/Guardian initials)

I release Christ United Methodist Church, its staff, volunteers, and chaperones from liability for any illness or injury en route to, during, or returning from this event and from any responsibility and/or liability resulting from any act authorized by this document.

Printed name(s) of parent/guardian

Signature(s)

Relationship to Youth

Date