



**Permission/Waiver Form**

Child(ren)'s Name(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Functions & Activities**

It is my understanding that participating in the programs and recreational and other activities of Shiloh UMC is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not presently be aware.

**Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child(ren) named above, or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child(ren) or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Shiloh UMC and its ministers, leaders, employees, volunteers, and agents from any claim that my child(ren) or I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty.

I further agree to indemnify and hold harmless Shiloh UMC and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child(ren) during such activities.

**Medical Treatment**

If I and the physician I have listed above, cannot be reached in an emergency, and if, in the judgment of staff or volunteers, my child(ren) requires immediate medical and/or hospital attention, I authorize responsible staff or volunteers to send my child(ren) (properly accompanied) to an available hospital or physician. I am aware that I will be responsible for any charges incurred.

**Publicity**

On occasion, Shiloh UMC takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/video recordings may be used in Shiloh UMC publications or advertising materials to let others know about our ministries. Furthermore, local news organizations may be invited or allowed, upon request, to photograph or record our events. I consent to the use of any such audio or visual record of my child(ren) or me to be used, distributed, or displayed as agents of the church see fit.

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the Permission/Waiver form and am fully familiar with the contents thereof. I give permission for the child(ren) named above to participate in the activities of Shiloh UMC, including any special events/activities, described above. In consideration for allowing the participation of the child(ren) in the activities of Shiloh UMC I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child(ren), and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_