

Oak Grove United Methodist Church

April 1st 2022 to April 1st 2023

Permissions to Participate / Medical & Transportation Release Form

Participant Name _____ /_____/_____ Date of Birth Gender: Male Female Non Binary

Home Address _____ City, State, Zip _____

Parent / Guardian:

Parent / Guardian Name _____ Parent / Guardian Name _____

Home Phone _____ Work / Cell _____ Home Phone _____ Work / Cell _____

Alternative Emergency Contacts

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Date of last Tetanus Shot: _____

Pre-existing or present medical conditions _____

Allergies (seasonal, Food, Medications) _____

Current Medications _____

In the event of an accident, injury, or illness, the adult leaders are hereby authorized to secure any and all medical services needed. I understand and acknowledge that I/we will be responsible for any and all medical, surgical, medication, and transportation costs which may be incurred on behalf of the above-named participant.

I/We further agree to indemnify, hold harmless, release, and forever discharge Oak Grove United Methodist Church from any claims which I or my heirs or any other persons acting on my behalf have or may have against the United Methodist Church by reason of accident, illness, or any other consequences arising directly or indirectly from the participation of the minor child named above in the Oak Grove United Methodist Church programs from **April 1st, 2022 through April 1st, 2023**, including but not limited to traveling off-site for activities. This authorization is valid until revoked by me, in writing.

Parent(s)/Guardian(s) Signature _____

Date _____

Permission to Participate

The participant named above has my/our permission to participate in the programs of Oak Grove United Methodist Church **April 1st 2022 through July 31, 2023**. I understand that traveling off-site for various activities may be required and give permission for the participant named above to travel with the Oak Grove United Methodist Church adult leaders and church staff to off-premise activities.

Parent(s)/Guardian(s) Signature

Date

Website Content Usage / Photo Consent Permission Form

I give Oak Grove United Methodist Church permission to use images, music, video and/or vocal Performances of the minor participant named above and grant the Oak Grove United Methodist Church all rights to use these sound, still, or moving images as content on its website, OakGroveUnitedMethodist.com and/or on our online photo page and Facebook Pages sponsored by Oak Grove United Methodist Church. The undersigned certifies that he/she has read this Instrument and understands all of its terms.

Parent(s)/Guardian(s) Signature

Date