



# “RISEN YOUTH”



## EVENT REGISTRATION-WAIVER FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Ph: \_\_\_\_\_ Alt. Ph: \_\_\_\_\_

As parent/legal guardian of the youth named above, I have reviewed the information about \_\_\_\_\_ and give my

Write in the name of event or trip as described on info sheet

permission for him/her to participate in this activity with the exception of:

\_\_\_\_\_

Please list any limitations or restrictions for your child, if any

I/We have reviewed the rules and standards of behavior for the activity and agree that our/my child will abide by them and honor the authority of the chaperones. I/We acknowledge that if she/he has to return early because of any disciplinary problem, it will be at my/our expense, in addition to the possibility we/I may have to pick them up from the event location.

I/We understand all reasonable safety precautions will be taken at all times by the church, the mid-states districts, and its agents during the event and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold the church leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student mentioned on this form. I/We also give permission to the Evangelical Methodist Church to appropriately use any pictures or images of my child taken while participating in this activity that may be placed on the church Web Page.

I/We understand that in the event medical intervention is needed, every attempt will be made to contact me/us immediately. In the event I/we cannot be reached in an emergency during the activity dates shown on this form, I/we hereby give my/our permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or injection, anesthesia, or surgery for my child as deemed necessary.

Agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian