

Overnight Event

Permission and Waiver of Liability

To participate in these activities parts I and II must be completed and signed.

I. Permission

I, _____, give permission for my daughter / son,
Parent/Guardian Name
_____ to participate in the POP UMC Youth
First MI Last
over-night event, _____, to be held on
Event Name
_____, 20__ at _____.
Month Day Location

Further, I authorize the adult leadership to administer first aid or to seek emergency medical treatment in the event of illness or injury to my youth; and, hereby give my permission to the medical personnel selected to provide any necessary medical treatment, including hospitalization.

Parent/Guardian Signature: _____ date: _____

II. Waiver of Liability (*Required for participation*)

By signing below, we, the participant and parent/guardian, acknowledge and accept the risks of physical injury associated with participation in the activities described above. Except in the case of gross negligence on the part of the sponsors, we accept personal financial responsibility for any injury sustained during these activities. Further, we promise to hold harmless the sponsoring organization and Prince of Peace United Methodist Church for any injury related to these activities. If a dispute over this agreement or any claim for damages arises, we agree to resolve the matter through a mutually acceptable arbitration process.

Participant's name (please print): _____

Participant's Signature: _____ date: _____

Parent/guardian name (please print): _____

Parent's/guardian's Signature: _____ date: _____

Home phone (parent/guardian): _____ alternate # _____

Emergency contact: _____