



## Parental Consent and Liability Release Form

PARTICIPANT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS (indicate cell, work, home, etc.)

\_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

### PARENTAL CONSENT:

I \_\_\_\_\_ hereby give permission for my child \_\_\_\_\_ ("Participant"), to attend and participate in Westhampton United Methodist Church's children or youth ministry activities, events, and retreats during the period of **June 1, 2025–July 31, 2026**.

### LIABILITY RELEASE:

I \_\_\_\_\_ do hereby release and agree to hold harmless Westhampton United Methodist Church, its directors, employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children or youth activities.

### MEDICAL TREATMENT CONSENT:

I \_\_\_\_\_ authorize an adult, in whose care the Participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Participant pursuant to this authorization.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



# WESTHAMPTON *United Methodist* CHURCH

## Photograph and Publicity Release Form

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,  
give permission to Westhampton United Methodist Church to use my child's name, likeness, image, and/or  
voice as may be captured in photographs, video recordings, audio recordings, or other media created during  
church activities.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_