



Release and Permission Slip

Child's Name: _____

Age: _____

Parent/Guardian: _____

Phone: _____

Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

I hereby give permission for (name of child) _____ to participate in Alliance UMC children activities while I'm away from campus. I hereby release Alliance UMC from any and all liability. I also understand that my child(ren) may participate in physical activities held during the church time. As with any physical activity, there is risk of injury. I fully accept this risk and hold Alliance UMC and any persons involved in the ministry harmless from any legal liability. In the event of an emergency that requires medical treatment for the child(ren) named above, I understand that every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AUMC volunteers to secure the services of a licensed physician to provide the care necessary for my child(ren)'s well-being. I assume responsibility for all costs connected to any accident or treatment of my child(ren). I give permission for photographs of my child to be taken and displayed as long as no identifying information is shared.

Parent Name (printed): _____

Parent Signature: _____

Date: _____