

RELEASE, WAIVER, AND INDEMNITY AGREEMENT

It is the intention of _____ by this
(parent or guardian of minor)

agreement to exempt and relieve Woodmont United Methodist Church and its officers, agents, servants, or employees from liability for personal injury, property damage, or wrongful death of

_____ caused by any act of negligence of
(name of minor)

Woodmont United Methodist Church and its officers, agents, servants or employees. For and in consideration of permitting _____ to observe, or use any facility or
(name of minor)

equipment of Woodmont United Methodist Church or engage in and/or receive instruction in any activity or activity incidental thereto some of which may involve dangers and risk of bodily injury at

Woodmont United Methodist Church in the City of Reidsville, County of Rockingham and State of North Carolina beginning on the day of _____, the undersigned parent and/or guardian of _____ hereby voluntarily and
(name of minor)

absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to

_____ as a result of
(name of minor)

_____’s observing or using
(name of minor)

facilities or equipment of Woodmont United Methodist Church or engaging in or receiving instructions in any activities some of which may involve dangers and risk of bodily injury or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue. The undersigned parent or guardian of _____

(name of minor)

for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Woodmont United Methodist Church or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless Woodmont United Methodist Church and its officers,

agents, servants, or employees from any and all claims or causes of action by

_____ or by any other person or entity, by whomever or
(name of minor)

wherever made or presented, and under no circumstances will the undersigned parent or guardian of

_____ present any claim against Woodmont United
(name of minor)

Methodist Church and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Woodmont United Methodist Church and said persons. The undersigned parent or guardian represents that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in which observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Dated: _____

Signature of parent or guardian for _____ :
(name of minor)

PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL, OR HOSPITAL CARE

I, _____, am the parent or legal guardian of
(name of parent or guardian)

_____ (hereinafter "my child"), who was born on
(name of minor)

_____, _____.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care treatment be rendered to my child is legally sufficient and that no consent from any other person is required by law.

____ Please note that my child is allergic to or takes the following medication (give explicit instructions): _____

Dated: _____, 2_____.

(signature of parent or guardian)

(print name of parent or guardian)

Note: This form must be updated every year or when information changes. A copy is to be kept in the church and one taken on every trip. No minor may go on any trip out of Reidsville, North Carolina without filling out this form.

PARENT/GUARDIAN CONSENT FORM

I, _____, am the parent or legal
(name of parent or guardian)
guardian of _____ (hereinafter "my child"),
(name of minor)

and I am informed of the activities offered by Woodmont United Methodist Church, located at
1926 Richardson Drive, in the city of Reidsville, county of Rockingham, and state of North Carolina,
beginning on the day of ____ / ____ / ____, and ending on the day of ____ / ____ / ____.

As parent or legal guardian of my child, I hereby consent for my child to attend and participate in
all activities provided by Woodmont United Methodist Church.

Additional Information:

My child is to be excluded from the following activities: _____

Note: *A copy of this consent form is to be kept in the church and one taken on every trip. One must be filled out for every activity. No minor may go on any trip without filling out this form.*

Hometown Nazareth: Where Jesus Was A Kid
at
Woodmont United Methodist Church

2011 Vacation Bible School Registration

(Please Print)

Child's Name	
Age/Grade	
Street Address	
City State Zip	
Phone	

Notify in Case of Emergency:

Name	
Relationship	
Street Address	
City State Zip	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this form, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	