EBENEZER UNITED METHODIST CHURCH

PERMISSION, RELEASE AND CONSENT

PARTICIPANT NAME:_____

ADDRESS:_____ CITY:_____ ZIP:_____

MALE or FEMALE:_____ AGE:_____ GRADE:_____

HOME PHONE:_____ PARENT CELL PHONE:_____

PARENT/GUARDIAN NAME:_____

I hereby give my permission for myself or my child to participate in activities (collectively referred to hereinafter as "Event") organized by Ebenezer United Methodist Church and its officers, employees, agents, representatives, affiliates and licensees (collectively referred to hereinafter as "EUMC"). I hereby release, hold harmless and absolve EUMC, its officers, employees, staff, sponsors, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation and implementation of the Event, individually and collectively, from and against any and all responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience of any kind suffered or sustained as a result of, or in any way related to, participation in the Event.

I understand that in the event I or my child requires medical treatment while participating in the Event, reasonable efforts will be made to contact my emergency contacts designated herein below; however, I hereby consent and give my permission to the EUMC staff or any adult counselor acting on behalf of EUMC with respect to the Event, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the State where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my or my child's medical allergies and medications currently prescribed or being taken, medical problems and other pertinent information (attach additional sheets, if necessary).

Finally, I hereby authorize EUMC to record and photograph (on film, tape, digital, electronic or otherwise) me or my child and to record his or her voice during their participation in the Event. I hereby further authorize and agree to EUMC's unrestricted use, reuse and distribution of said images and recordings, in whole or in part, whether in the original or modified form, in any manner or media, including, without limitation, for purposes of advertising, promoting and publicizing the Event, EUMC, whether during the Event or at any time thereafter, in the sole and absolute discretion of EUMC, both in the United States and internationally. I expressly and irrevocably waive any and all rights I might otherwise have, now or in the future, to any related privacy or intellectual property rights, proceeds, benefits or similar claims of any kind. I hereby release and discharge EUMC (as defined herein above) its officers, employees, staff, sponsors, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation and implementation of the Event, individually and collectively, from and against any and all claims, demands, or causes of action that I may now or hereafter have in connection with or in any way related to the use and exercise of the rights granted in this release and consent.

MEDICAL HISTORY:

1. **ALLERGIES**: ☐ Medications
   ☐ Food
   ☐ Insect bites
   ☐ Pollens or other environmental allergens

Please list specific allergies marked above:_____

_____

_____

2. **MEDICATIONS:** Please list all current medications (prescribed and over-the-counter) and dosages:

_____

_____

_____

3. Does the participant suffer from, ever experienced or currently being treated for any of the following:
   ☐ Asthma ☐ Epilepsy/seizure disorder ☐ Heart trouble
   ☐ Diabetes ☐ Frequently upset stomach ☐ Physical handicap

4. Date of last tetanus shot:_____

5. Does the participant wear: ☐ Glasses ☐ Contact lenses

INSURANCE INFORMATION:

Insurance Company:_____

Name of Insured:_____ Group Name:_____

Policy Number:_____ Group/Subscriber Number:_____

EMERGENCY CONTACT:

Emergency Contact:_____

Emergency Contact Home Phone:_____ Cell Phone:_____

_____
Signature of Parent or Legal Guardian

_____
Date