Name _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Christ United Methodist Church, Plano ("Christ United") programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Christ United activities and programs comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Christ United activity/program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Christ United activity/program participation and that said list in no way limits the operation of this Agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Christ United activities/programs I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Christ United, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Christ United on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Christ United facilities/equipment or participation in Christ United activities/programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Christ United activities/programs I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Christ United activity/program participation.

_____
Initial

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Christ United activity/program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Christ United activities/programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Christ United activities/programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

_____ _____

Participant Name (Print Clearly) Date

_____ _____

Parent/Guardian Signature Parent/Guardian Name (Print Clearly)

Photo and Other Media Release and Waiver

Photographs of children and adults who attend programs and activities at Christ United Methodist Church ("CUMC") are occasionally included in publicity, publications, and/or public relations activities. Participation in said events and activities is dependent upon acceptance of this form.

This form indicates approval for the participant's photographs, artwork, written works, video and audio recordings, likenesses, profiles and/or stories (the "media") to appear in CUMC publications, web pages and other promotional and/or newsworthy materials, whether now known or hereafter existing, produced, used by and/or representing CUMC. Photographs and articles will not identify children by name. The media may be used in perpetuity.

Participant releases to CUMC and hereby gives CUMC specific permission to publish, copyright, distribute and/or display the participant's photographs, artwork, written works, video and audio recordings, likenesses, profiles and/or stories in publications, web pages and other promotional/publicity related materials produced, used by and representing CUMC. Participant further releases CUMC from any and all liability by virtue of distortion, blurring, alteration, optical illusion and/or use in composite form, whether the same is intentional or otherwise.

Participant understands and agrees that: 1) No monetary consideration shall be paid to participant. 2) This agreement is binding upon participant's successors, assigns, heirs and for future legal representatives. 3) The media may be used in perpetuity.

_____ _____

Participant Name (Print Clearly) Date

_____ _____

Parent/Guardian Signature Parent/Guardian Name (Print Clearly)

Today's Date __/__/__

CUMC MEDICATION AUTHORIZATION FORM

Child's Name: _____ Date of Birth: ___/___/___

Parent's Name: _____

Allergies: _____ Date of last tetanus booster (DPT): ___/___/___

Telephone numbers where parent can be reached during event:

Daytime: (____)_____ Nighttime: (____)_____

Other Emergency contact name & numbers: _____

List all medications your child will be taking. All medications must be in original marked containers. No **prescription medications** will be dispensed without being in their original container with the pharmacist's label attached and correct directions. We will not dispense outdated medications. Place all medication containers in a Ziploc bag labeled with your child's name.

No medication will be given to your child unless this form has been completed prior to the event. Use back of page if more medications than space allows.

Medication Name	Dosage (e.g. 1–10 mg tablet)	Times (e.g. breakfast & 9pm)

CUMC has a general first aid kit with basic over-the-counter medicines. Please let us know which of the following medicines we could dispense to your child if needed, by writing "yes" or "no" on each line. **Please note that we may use generic equivalents.**

_____ Pepto Bismol or Maalox as needed for upset stomach or indigestion

_____ Tylenol or Ibuprofen for minor fever/headache/pain

_____ Immodium AD for minor discomfort of diarrhea

_____ Halls or Chloraseptic throat lozenges/cough drops for minor sore throat pain or cough

_____ Benadryl only in case of severe allergy reaction

_____ Claritin for seasonal allergies

_____ Robitussin or Triaminic Cold and Cough for nighttime cough

_____ Sudafed for nasal congestion

_____ Dramamine for motion sickness

Signature of Parent/Guardian_____Date_____

Notes:

1. **Place all medications in a labeled Ziploc bag.**
2. **Only CUMC designated adult counselors will dispense medications.**
3. **Rescue inhalers and epi pens used for allergies or asthma should be carried by the child.**
4. **All unused medications will be returned to the parents when we return.**

Child's Name_____ School Year: Graduating Class of _____

Child's Birth Date:_____ Child's Grade (if applicable)_____

PARENTAL PERMISSION, RELEASE AND CONSENT TO MEDICAL TREATMENT

PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF EACH PARENT, GUARDIAN OR MANAGING CONSERVATOR TO UPDATE THIS INFORMATION AS THE NEED ARISES.

The undersigned, being the parent, guardian, or managing conservator of

(child's name)_____, such child being under eighteen (18) years of age, does give permission for such child to accompany the group and participate in the activities sponsored by CHRIST UNITED METHODIST CHURCH (hereafter "CUMC") and which may involve either traveling in the church owned bus or in other buses or private vehicles. This authorization shall be effective continuously from the date hereof until canceled by written notice by CUMC.

I have the legal authority to sign this permission, release and consent to medical treatment. I will keep informed of the church sponsored activities for my child. If I do not want my child to accompany the group and participate in any specific church sponsored activity, I will take sole responsibility to see that my child does not attend the activity.

I hereby release CUMC, its staff, employees, drivers, sponsors and helpers from any liability for injury or damages suffered by the above child and agree to release, indemnify and waive any rights by subrogation I may have, and hold harmless CUMC, its staff, employees, drivers, sponsors and helpers for injury or damages to my child.

I can be reached at the following telephone numbers:

Home Phone _____

Dad (Cell)_____ Dad (Work) _____

Mom (Cell)_____ Mom (Work) _____

My child does not have any medical problems or special physical conditions, nor is my child allergic to any medicines to my knowledge, other than the following:

_____

_____

I hereby consent and authorize the adult leader(s) accompanying my child to obtain emergency medical treatment in case of injury or illness upon presentation of this authorization or a photocopy hereof.

Insurance Company: _____

Group Insurance Number: _____

Family Doctor (Name):_____ (Office Phone) _____

(Address)_____(City)_____

_____ _____

Signature of Parent, Guardian or Managing Conservator Date