

MEDIA RELEASE
TRINITY UNITED METHODIST CHURCH

I/we give permission for still and/or action film and or digital images and/or audio recordings of _____ to be made by Trinity United Methodist Church. I/we understand and agree that the images, audio, and/or video recordings may be used for publicity and/or educational purposes by Trinity United Methodist Church.

Signature of Parent/Guardian

Date

___ I do not give permission for the above media release. _____

TRINITY UNITED METHODIST CHURCH
CONSENT FOR MINOR TO TRAVEL AND TREATMENT PERMISSION

Trinity United Methodist Church, 3430 Harrison, Beaumont, Texas 77706, 409-892-8121, and its Ministers, Youth Director, Director of Christian Education or appointed chaperone's has permission for the minor listed below to attend and participate in the planned activities and events which are part of the program of Trinity United Methodist Church. The minor is to comply with all behavior expectations governing church programs

Chaperones may select any hospital or doctor which can render such services as may be needed by minor. Discretion of said chaperons shall be fully binding on parent or guardian whose signature appears below. This signature also releases Trinity United Methodist Church from liability and waives any and all claims against church authorities, counselors, employees, or leaders, either singly or collectively for any injury which might be received during the trip. At destination, or in traveling to or from said destination. This agreement applies to use of the church van and/or individual vehicles.

Parent or guardian whose signature is below has responsibility for health insurance for this minor. By signing below, the parent or guardian gives permission for treatment of minor in the event of emergencies.

MINORS NAME:

SIGNATURE OF PARENT OR GUARDIAN _____	
Printed Name: _____	Date: _____