



For office use only: Class of _____ Received _____
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Grace Fellowship UMC
 2655 South Mason Rd
 Katy, Texas 77450
 Office: 281 646-1903
 Fax: 281 646-1920

Liability Release and Consent to Emergency Medical Care

Youth Ministries

I, _____, hereby affirm and agree that I am the
 (Print parent name)

Parent or legal guardian of _____, a minor ("Minor") and that I am legally
 (Print name of minor)

competent to sign this agreement and release. As parent(s), legal guardian(s), or custodian(s) of this Minor, I/we permit him/her to participate in all officially supervised Grace Fellowship U.M.C. Youth Ministry Programs and Activities for which he/she is registered. **I KNOWINGLY RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS GRACE FELLOWSHIP U.M.C., ITS MEMBERS, TRUSTEES, BOARDS, LEADERSHIP, AND STAFF, AS WELL AS COUNSELORS, ORGANIZERS, WORKERS AND ALL OTHERS ACTING ON BEHALF OF GRACE FELLOWSHIP U.M.C. OR ITS PROGRAMS AND ACTIVITIES, FROM ALL CLAIMS AND LIABILITY ARISING OUT OF PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS SUFFERED OR INCURRED BY THE MINOR NAMED ABOVE ARISING OUT OF OR IN CONNECTION WITH PARTICIPATION IN SUCH PROGRAMS AND ACTIVITIES (INCLUDING AUTHORIZED TRANSPORTATION), EVEN IF THE INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS IS CAUSED BY THE SOLE OR CONTRIBUTORY NEGLIGENCE OF GRACE FELLOWSHIP U.M.C. AND/OR ITS MEMBERS OR REPRESENTATIVES.** In the event that my child requires medical or dental attention while attending a Youth Ministries event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize Kyle Welsh, or any other adult counselor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

I have read and understand this Liability Release and Consent to Emergency Medical Care and represent that all of the information contained herein is true and correct. I, hereby, accept and assume all the risks of injury associated with the activities of Grace Methodist Youth Ministries. This release shall remain in effect unless terminated in writing.

Custodial Parent or Legal Guardian Signature: _____ **Date:** _____

STATE OF TEXAS §	
COUNTY OF _____ §	
This instrument was acknowledged before me on _____, 20____ by _____.	
_____ Notary Public, State of Texas	

