

**Saint Luke United Methodist Church Permission
Release Form 2018-2019**

I do hereby certify that my child, _____, has permission to:

Participate In all trips planned by St. Luke UMC from August 1, 2018 to July 31, 2019 ____yes ____no

Have their picture in the church newsletter, television, website, or social media in association with St. Luke UMC (their names will not be used) ____yes ____no

I understand that it is the expectation of St. Luke UMC that my child will remain for the duration of the scheduled event unless their parents, notify the Youth Director, prior to the day of departure, of the youth's early exit from the scheduled event.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with St. Luke United Methodist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Consideration should be given to those adults in attendance with the group.

I understand that St. Luke United Methodist Church does not carry accident or medical insurance on participation volunteers. I agree that my insurance company will be used for such medical expenses. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance and that I am responsible for the payment of any medical bills.

Please sign below in the presence of a Notary Public.

Signature of Legal Guardian

Signature of Legal Guardian

Date Signed

Date Signed

Personally appeared before me, _____, A Notary Public of _____ County in the State of _____
_____. The persons who signatures appear above and with whom I am personally acquainted and
acknowledge that he/she executed the within instrument for the purposes therein contained.
Witness my hand and official seal this ____ day of _____ 20__.

(Signature and Date of Notary Public) _____

My Commission Expires: _____