**Saint Luke United Methodist Church**

**Summit Permission Release Form**

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

Participate in all trips planned by St. Luke UMC.

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_

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 Children’s Director, prior to the day of departure, of the children’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 medical release form. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_