

# ECIUMC Parental Consent Form/Liability Release

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Current Grade (or last completed) \_\_\_\_\_

Parent's Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Number (\_\_\_\_\_) \_\_\_\_\_ Name \_\_\_\_\_

Alternate Contact Number (\_\_\_\_\_) \_\_\_\_\_ Name \_\_\_\_\_

## PARENTAL CONSENT:

As parent/guardian of \_\_\_\_\_ I hereby give my permission for my child or ward to attend and participate in the activities sponsored by Edmond International United Methodist Church or ECIUMC . I do hereby hold harmless ECIUMC, its Directors, Officers, Employees, Volunteers or Agents of said organization, for any bodily injury, illness or disease, or for loss or damage to any property or appliance of said child or ward. I assume the risk and financial responsibility for any injury or liability resulting from his/her participation.

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby give permission to secure proper treatment for, and order injection or anesthesia or surgery for my child or ward as named above. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to him/her.

The undersigned does also hereby give permission for said child or ward to ride in any vehicle designated by the staff of ECIUMC while attending or participating in activities sponsored by ECIUMC. I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of said child or ward while participating in activities sponsored by ECIUMC, to be used, distributed, or shown as ECIUMC sees fit.

\_\_\_\_\_  
Student Signature (if age over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian Print Name

\_\_\_\_\_  
Parent / Legal Guardian Signature (if child is under 18)

\_\_\_\_\_  
Date