

HIGHLAND UNITED METHODIST CHURCH

Vulnerable Adult/My Time Ministry

PARENT/GUARDIAN RELEASE WAIVER

Name of Adult: _____

Date of Birth: _____ Sex: _____

Address: _____

My Time Session Dates this waiver will cover: _____

As parent/legal guardian of the above adult, I have reviewed the information about this ministry activity. I give my permission for the adult to be involved in the overall activity.

The adult will abide by all rules set by the Church or its leaders for these activities.

I agree that any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the adult during this activity may be used, distributed, or shown as the Church sees fit, including use on the Church website.

I believe reasonable safety precautions will be taken by the Church and its agents during the events and activities. However, I understand the possibility of injuries, unforeseen hazards, and the inherent risks. I agree not to hold the Church, its employees, members, and volunteers liable for those possibilities and I release them from any damages, losses, diseases, or injuries incurred by the student. The designated Church leader for the activity is authorized to obtain any necessary emergency medical care for my child, at my expense.

I have discussed the importance of wearing a seat belt while in a vehicle. In the event that he or she is to be transported to any location during this event, regardless of where they sit in the vehicle, a seat belt must be worn.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name and Phone # (print): _____

Health Insurance Carrier & Policy #: _____