

VOLUNTEER CONSENT AND LIABILITY RELEASE FORM

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____

PHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME(S) _____

EMERGENCY CONTACT PHONE(S) _____ / _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for:

_____ ("Participant"), to attend and participate as a part of the **All God's Children Camp** to the Virginia Annual Conference of the United Methodist Church during July and August 2016.

LIABILITY RELEASE: In consideration of The Virginia Conference allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless The Virginia Conference, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. I, the Participant, hereby grant my permission to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, I hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for me to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by The Virginia Conference. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Medical Insurance: YES ___ NO ___ Insurance Company: _____
Policy/Group ID#: _____
Emergency Phone #s/Name: _____
Allergies or Medical Conditions: _____
Participant Signature _____ Date _____