

Aldersgate UMC - Youth Permission and Release Form 2026

Youth Legal Name: _____

Preferred Name: _____

Grade: _____

Age : _____

Aldersgate UMC, Huntsville AL, sponsors various activities for its youth. I give permission for my youth to participate in any Church-sponsored activity that my child attends. I further give my permission for my child to ride with a driver age 25 or older to and from these activities. I understand that with any activity, including transportation, there is chance of injury to person and damage of property. Notwithstanding that risk, I release, relieve, and hold harmless Aldersgate UMC, its employees, members, and volunteers (including drivers) from any and all liabilities, including liability resulting from injury to person or damage to property, arising out of my child's participation in a Church-sponsored activity, including transportation by a driver age 25 or older. Initial: _____

Further, in the event my child is injured at a Church activity and requires medical treatment, I give permission to any adult leader to authorize such medical treatment as he or she determines appropriate in consultation with medical professionals, and I agree to be financially responsible for such treatment.

I also understand that he/she may be photographed, and that these photographs may be included in publications, websites, worship, and social media sites of Aldersgate UMC. Initial: _____

I also understand the Church has spoken and unspoken behavioral expectations, and my child knows to respect the adults and boundaries of other youth at youth events. Initial: _____

Information and non-emergency medical information about your child that may be useful for us to know (anxiety, poor swimmer, disorder, etc.):

MEDICAL CONSENT- In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional.

Please list any significant allergies:

Parent/Guardian information (name, relationship, and phone number):

Emergency contacts (provide at least 2 - name, relationship, and phone number):

Current medications:

Insurance Company:

Policy and/or Group Number: _____

Identification Number: _____

Name of policy holder: _____

Signature of Parent or Legal Guardian

Date _____