

**Cloudcroft United Methodist Church**

**Consent and Release of Liability Form**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, whose birthdate is \_\_\_\_/\_\_\_\_/\_\_\_\_.

I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of the above named student, I certify and affirm that I have been completely and thoroughly informed that as a student attending various events of the Youth of Cloudcroft United Methodist Church, my child may participate in certain activities, which carry with them a degree of risk and danger. Examples of risks and dangers may include but are not limited to: 1) physical activities both indoor and outdoor; 2) sports, both formal and informal; 3) use of recreational and sports equipment; 4) travel by automobile; 5) walking, running, hiking. I understand that Cloudcroft U.M.C. may offer other activities not listed above that present similar risks or dangers to my child. I consent to my child's participation in these activities.

In cases of emergency, I further authorize the adult leaders or sponsors of Cloudcroft U.M.C. Youth to give consent to a physician and/or hospital for emergency and/or surgical treatment when necessary for my child for injuries or illness requiring emergency treatment. I give permission to the doctor/hospital to provide any and all medical care they deem necessary. I agree to pay for all medical expenses incurred as a result of the use of this consent. It is understood that the leaders or sponsors will not assume any responsibility for payment of any expense that might be incurred for said emergency treatment. It is further understood that the leaders or sponsors will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we are notified.

I further acknowledge my faith and trust in the adult leaders and sponsors who volunteer for such responsibility and do hereby release Cloudcroft U.M.C., its adult leaders or sponsors from any and all liability arising out of any youth events, activities, or programs and/or medical treatment. I understand and acknowledge that this Parental Authorization, Consent and Release Form has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with these activities.

I understand that it is my obligation to inform the adult leaders and sponsors of any and all health considerations or medical conditions that would restrict my child's participation and activities. I have provided that information on the back of this form.

By signing this document, I acknowledge that if anyone is hurt, or property is damaged, during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the Cloudcroft U.M.C. on the basis of any claim from which I have released therein.

This authorization, consent, and release of liability form shall remain in effect only for this particular event which is \_\_\_\_\_ on the following date(s) \_\_\_\_\_. A new form must be completed prior to my child's participation in any future events.

\_\_\_\_\_  
Parent (or legal guardian)

\_\_\_\_\_  
Date