



Parental Consent Form for Minors
(17 years and under)

(All information will be held in confidence)

Office Use:
Entered into ACS: _____
Attendance Posted: _____
New Volunteer: _____

PLEASE PRINT CLEARLY:

Child's Last Name _____ Child's First Name _____ Gender _____ Birthday _____ Cell Phone _____
M / F mm/dd/yyyy

Parent/Guardian's Name: _____ Parent/Guardian's Cell Phone: _____

Address: _____ City: _____ Zip: _____

Email 1: _____ Email 2: _____

Emergency Contact Name: _____ Phone Number: _____

YES, send me monthly text and/or email reminders. *(cell phone provider: _____)*

Basic Medical Information

Does your child have medical insurance? Yes / No Name of Health Care Provider: _____

Has your child had a tetanus inoculation or booster in the last 10 years? Yes / No
(This information will only be used in the event of an accident or illness for which your child needs medical attention and you are unreachable).

Indemnity and Release of Liability

I, the undersigned parent and/or legal guardian hereby authorize my son/daughter _____
(PRINT CHILD'S NAME)

to participate in 2nd Saturday activities through Asbury United Methodist Church.

- I understand that my son/daughter may be transported to an offsite location.
- I understand that the activities involved may include but are not limited to construction, demolition, use of tools and acknowledge the inherent risks associated with such activities.
- I understand and give my consent for 2nd Saturday volunteers, Asbury UMC staff or members to take and/or use photographs, voice, or video tapes of my child for advertising or public display.

In consideration of my or my family's participation in such activity, I HEREBY UNCONDITIONALLY REMISE, RELEASE AND FOREVER DISCHARGE and hold harmless Asbury UMC and their employees, directors, contractors, volunteers or agents, from any and all manner of liability, actions, causes of actions, claims, loss, damage, injury and demands of any nature which may be incurred by the individual participant while volunteering and/or participating in any 2nd Saturday activities through Asbury UMC. This release shall be effective even though said liability, actions, causes of actions, claims, loss, damage, injury and demands results or has resulted from negligence, wrongful acts, omissions breach of contract, breach of duty of care and/or negligence.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____