



Youth Activity Authorization Form & Release Agreement

Name of Activity: Date of Activity:

Supervising Adults:

(name of child participating) has my/our permission to participate in the above-named Youth Activity sponsored by the White Pines United Methodist Church (“the Church”).

The above-named Supervising Adult(s) have my permission to seek any medical, hospitalization or other emergency aid needed during the activity. I understand that I/we will be notified of any such Emergencies immediately.

In consideration for the Church allowing my child to participate in the Youth Activity, I release the Church, Supervising Adults, Child Care Providers and Counselors from any liability or claims for damages, including personal injuries to my child or property damages, which may occur as a result of my child’s participation in the Youth Activity. I agree to accept all risks associated with my child’s participation in the Youth Activity. I further agree to hold harmless, indemnify and defend the Church from all claims, causes of action, and damages associated with my child’s participation in the Youth Activity.

Parent Signature: _____

Date:

Mother Phone: (Home)

(Other)

Father Phone: (Home)

(Other)

Insurance Company:

Insurance Number: