



ATHENS FIRST METHODIST CHURCH

2025

MEDICAL LIABILITY RELEASE FORM

TEEN'S NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I, the undersigned parent or legal guardian of the child named above, do hereby grant my permission and consent for the said child to attend and participate in the events and activities of Athens First Youth Ministry, both on and off church grounds, including the necessary transportation to and from these events and activities. Permission is granted for my child to receive medical care if: (1) such care is deemed necessary by the person in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary, and any delay occasioned by an attempt to obtain my parental consent would reasonably jeopardize the life, health, or well-being of the child affected; (3) I cannot be personally contacted.

I further agree not to hold Athens FMC or any of its paid staff or volunteers responsible for any accident that may occur on the way to, from, or during an event. I indemnify, defend, and hold harmless Athens FMC for claims made and liabilities assessed against them as a result of any event or activity. I release Athens FMC and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible for picking my child up and assuming the cost of transportation. Furthermore, I understand that promotional pictures (individual and group) will be taken during all events. I give permission for my child's picture to be used for promotional materials, newsletters, web pages, calendars, PowerPoint, etc.) by Athens First Youth Ministry

By signing below, I am acknowledging that I have read through and understand the above statements.

SIGNATURE OF PARENT OR GUARDIAN

DATE

IN CASE OF EMERGENCY PLEASE CONTACT:

1. NAME _____ PHONE _____

RELATIONSHIP TO TEEN _____

2. NAME _____ PHONE _____

RELATIONSHIP TO TEEN _____

MEDICAL INFO:

PHYSICIAN _____

PHONE _____

MEDICAL INSURANCE COMPANY _____ POLICY # _____

MEMBERS NAME _____

ALLERGIES / MEDS

OTHER _____
