

# Generic Trip Liability Release Form

Event: All Emerge Events	Date: August 2, 2009-July 31, 2010
Event Details: overnights, rafting, mission work, sports, ski, etc.	
Please make Checks payable to: FUMC Youth	Please submit form & registration money to: Scott

Student Information		
Last Name:	First Name:	
DOB:	Grade:	Gender: M   F
Cell Phone:	Email:	
Address:	City:	

Parent / Guardian Information	
Name(s):	Email:
Home Phone:	Cell Phone:

Medical Information	
Insurance Provider:	Policy#:
Group #:	Health Card Expir. Date:
Medical Conditions or Allergies: <small>(Please make special note of food allergies)</small>	Medication(s) Currently Being Taken: <small>(Please note medication names and times taken)</small>

## Permission Form

Student	
I promise to abide by all rules and plans set forth by the leaders of Emerge Student Ministry/FUMC Union City during the course of any event.	
Signature:	Date:

Parent	
<p>I / we are the legal guardians of the student named above and hereby give my / our permission for the named student to participate in youth events with the leaders of Emerge Student Ministry/FUMC Union City for the course of one year. I understand that in the event of an emergency that the leaders of Emerge Student Ministry/FUMC Union City will do everything in their power to contact me personally, but that in the event that they are unable to do so, I / we give my / our permission for the leaders to seek necessary medical attention for the student named above. I / we assume all risk of personal injury, sickness, death, damage, and expense as a result of participation by the above named child. I / we also release, forever discharge, and agree to hold harmless FUMC Union City and the staff and director thereof from any and all liability claims for personal injury, sickness or death which may be incurred by the undersigned and the child participate listed here.</p>	
Signature:	Date:
Signature:	Date:

