

MEDICAL RELEASE FORM FOR
WESLEY UNITED METHODIST CHURCH, BRYAN, OH

Child's Name: _____ Birthdate: _____ Age: _____ Grade: _____

Mailing Address: _____

Street Address (if different): _____

Parent or Guardian Name(s): _____

Address (if different from child's): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PURPOSE: To enable parents or guardians to authorize the provision of any emergency treatment necessary for children who become ill or injured while under our authority, when parents or guardians cannot be reached. We will make every effort to contact you or other persons whose names you give as contacts before going any further.

PERMISSION GRANTING MY CONSENT:

In the event that reasonable attempts to contact the following have been unsuccessful.

Parent/Guardian; Name/Relationship: _____ Preferred Ph: _____

Nearest Relative: _____ Preferred Ph: _____

I hereby give my CONSENT for Administration of Treatment deemed necessary by:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

In the event that my designated physician or dentist is not available, I hereby give my consent for treatment by any licensed physician or dentist. YES _____ NO _____

I give consent to allow my child to be transferred by Emergency Medical Services to the following:

Hospital First Choice: _____ Second Choice: _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for the necessity of surgery, are obtained prior to the performance of such surgery.

Food Allergies: _____

Facts concerning my child's medical history, including allergies, current medications, and any physical impairments to which the physician should be alerted: _____

I agree to revise the information as it may change between September 1, 2013, and September 1, 2014, so that the above reflects the current health status of my child at any given time. Medical Release Forms currently on file may be reviewed at any time and updated as needed.

SIGNATURE of Parent/Guardian: _____ Date: _____

Wesley United Methodist Church
Release of Liability

The undersigned parent(s), legal guardian, or legal custodian of _____
(name of child/children)

authorize the minor to participate in Youth Ministry Activities scheduled to take place between September 1, 2013 and September 1, 2014. In exchange for allowance of said minor to participate in said event, the undersigned fully releases Wesley United Methodist Church (Bryan), the Northwest Plains District of the United Methodist Church, the West Ohio Conference of the United Methodist Church, and the General Conference of the United Methodist Church, and all employees, staff, volunteers, licensees, affiliates, independent contractors of same, for any injury, physical or mental to said minor, as a result of the participation in said activities including, but not limited to, transportation to and from said activity and participation in said activity itself. I do hereby assume all risks and I agree to release and hold harmless Wesley United Methodist Church of Bryan, its representatives assistants, employees, and all related entities from any and all liability, loss or damage actions, claims and demands, which my student now has or which may arise from their participation in these activities. This shall serve as a release and assumption of risk for their heirs, executors, and all personal representatives.

Parent/Guardian Signature _____ Date _____

Photo/Media Release

I hereby grant permission for you to photograph, videotape, and/or to record my child's voice and sounds and to use any or all such photographs, recordings, and reproductions thereof in and/or as a part of any motion picture, video production, broadcast, published products, related advertising (including internet/websites), displays, or in exhibition uses. I further grant the use of my child's name in connection with my comments and opinions.

I hereby grant and assign to Wesley United Methodist all non-exclusive rights of every type and nature and the unlimited distribution and other utilization of the pictures, images, tapes or products by any method or in any manner and in any and all media, including theatrical, non-theatrical, radio, videocassette, television, electronic usage, and printed products, and to advertise and publicize said products, in perpetuity, throughout the world. I hereby waive any right that I may have to inspect or approve the finished product and the advertising or other copy that may be used in connection herein.

The parties to this contract expressly agree that the laws of Ohio shall govern the validity, construction, interpretation, and effect of this contract. If I no longer desire to abide by this agreement, I will contact Wesley United Methodist to remove my child from this photo release.

I hereby approve and consent to the use of _____'s (name of child/children) video image and name, as well as comments and opinions expressed, according to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Parent/Guardian Signature _____ Date _____