



**Youth Ministry**  
**Osceola United Methodist Church**  
**Student Youth Group Form**  
**2017**

Student Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

T-Shirt Size: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Cell # : \_\_\_\_\_

Student email: \_\_\_\_\_

Medical Concerns/ Allergies: \_\_\_\_\_

Parent /Legal Guardian: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent /Legal Guardian Email: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I/We the Undersigned, parent or legal guardian for the above-named child, do hereby give permission to Osceola United Methodist Church ("OUMC") and its representatives to obtain any necessary medical treatment for my child during the conduct of any program, ministry, or activity sponsored by OUMC ("OUMC Event"). For and in consideration of OUMC allowing my child to participate in any OUMC Event, the undersigned, for himself/herself, assigns, heirs, and next of kin ("Releasers"), release, waive, discharge, and covenant not to sue OUMC or their employees, officers, members, elders or agents ("Releasees"), on account of injury or death to my child or injury to the property of my child, whether caused by the negligence of the Releasees or otherwise, while my child is participating in a OUMC Event. As the parent/legal guardian, I/we are responsible for becoming fully aware of the risks and other hazards inherent in the OUMC Events, and I/we voluntarily assume all the risks involved in the OUMC Events and all other risks of loss, damage, or injury that may be sustained by my child while participating in the OUMC Event.

The undersigned warrants that he/she has fully read and understands this liability release agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned.

This medical treatment form and liability release shall remain valid and enforceable from the date listed below until I withdraw my consent/release by providing written notice to OUMC.

\_\_\_\_\_

\_\_\_\_\_

Signature of parent or legal guardian

Date