



Mountain View United Methodist Church

MVUMC VIEW CREW – PARENTAL CONSENT AND RELEASE OF LIABILITY

1. RELEASE OF LIABILITY

I understand that the opportunity to attend MVUMC VIEW CREW activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children. I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware. By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release MVUMC VIEW CREW, including directors, volunteers, and employees, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in MVUMC VIEW CREW activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

2. AUTHORIZATION FOR MEDICAL TREATMENT

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives MVUMC VIEW CREW and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE MVUMC VIEW CREW AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE MVUMC VIEW CREW, ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child to participate in MVUMC VIEW CREW activities, I hereby consent to the foregoing on behalf of my child and agree that this release shall be binding upon me, my child, and our heirs, legal representatives and assigns. I hereby agree to defend, indemnify, and hold MVUMC VIEW CREW, including their directors, volunteers, and employees, harmless from any liability asserted by my child subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child is physically fit and able to participate in all MVUMC VIEW CREW activities.

1077 VIEWPOINT LANE - P.O. BOX 543 - FOREST, VA 24551-0543

PHONE: 434-525-6612 - FAX: 434-525-1336

3. MEDIA RELEASE

I hereby grant permission to MVUMC VIEW CREW the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of publicity, illustration, advertising, and Web content.

4. BEHAVIORAL AGREEMENT

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) MVUMC VIEW CREW will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

5. LOCAL MISSION TRIPS

I understand that some of the MVUMC VIEW CREW activities involve off-site local mission trips. I give permission for my child to attend these trips and am aware that they involve potential risks related to transportation and potentially hazardous surroundings. I authorize MVUMV VIEW CREW and its representatives to provide transportation for my child to these events. I understand that there may be other risks associated with these activities of which I may not be presently aware. By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release MVUMC VIEW CREW, including directors, volunteers, and employees, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in MVUMC VIEW CREW activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

Participant Name: _____ Participant Signature: _____

Date _____

Parent or Legal Guardian Signature _____ Date _____

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