

EPIC ACTIVITY/EVENT/TRIP
 RELEASE FORM

Fill out, print, sign and notarize.

Child/Student Name	
Address	
City, Zip	Phone
Birthday	School

I, _____, parent or guardian of the above-named child, hereby release University Carillon United Methodist Church, its staff and its adult leaders and sponsors, from responsibility and liability from any injury or illness that my child may sustain during any activity/trip sponsored by a ministry of the church, in which I give my child permission to participate. In the event of an emergency, I hereby authorize any adult leader of this activity/trip, as an agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or any hospital. I expect that every effort will be made to contact me as soon as possible, and that these powers will only be used if attempts to contact me are unsuccessful.

I give consent for my child to travel to and from the church in transportation provided by volunteer drivers.

Full name of parent/legal guardian (please print)	
Signature	Email Address
Daytime/Work phone	Other phone
Emergency name/number	

MEDICAL INFORMATION

Please attach a copy of your insurance card (front and back).

Child's/Student's allergies
Medications being taken
Physical handicaps or limitations
Policy Name/ID/Group Numbers
Member Name

PHOTO/VIDEO RELEASE

For privacy and safety, we will not publish names with photographs/videos.

I, the parent/guardian of _____, authorize the use/release of photographs and/or videos that include my child for UCUMC print and electronic materials (e-mail blasts, church website, Facebook, etc.).

Signature _____ Date _____

Notary
Stamp
Here

Notary Name and Date