

Arkansas Conference Council on Children's Ministries
WAIVER OF LIABILITY, MEDICAL RELEASE, MEDIA CONSENT FORM
2018-2019

Event Name: **Quest**
Event Location: **St. James UMC - LR**
Event Date: **September 15, 2018**

Participant Name: _____ **Date of Birth:** _____

Waiver of Liability

I am the legal parent or guardian of the child or youth listed above. I hereby give my permission and full consent for my child or youth to participate in the above listed event. In consideration for my child or youth's participation in the event, I hereby release, acquit and hold harmless the Arkansas Conference of the United Methodist Church and the Arkansas Conference Council on Children's Ministries, and all of their staff, agents, servants, employees and volunteers from any and all liability for any damages of whatsoever kind, seen or unforeseen, which may at any time result to me, my child or youth, or my family on account of or in any way related to my child's or youth's participation in this event.

Signature of Parent/ Guardian: _____ **Date:** _____

Medical Information and Release

Name of Physician _____ Phone Number of Physician _____
Date of last tetanus shot _____ List any Allergies _____
List of medications _____
Relevant Medical History (diabetes, epilepsy, heart murmur, etc)

Child's Health Insurer: _____
Address _____
Group Number _____ Policy Number _____

I am the legal parent or guardian of the child or youth listed above. I hereby give my permission and full consent, should the necessity of medical care arise, for medical treatment or hospital services as ordered or recommended by a qualified physician or other medical care provider. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all related medical or hospital costs.

Signature of Parent/ Guardian: _____ **Date:** _____

Media Consent

I consent to the collection and use of my OR my child's personal images by photography or video recording at ACCCM events. I acknowledge these images may be used on the ACCCM and/or ARUMC websites, newsletters, publications and social media accounts. I understand that no personal information, such as names, will be used in any publications unless express consent is given.

Signature of Parent/ Guardian: _____ **Date:** _____