

JODECO ROAD UNITED METHODIST CHURCH
PARTICIPATION PERMISSION FORM

I hereby certify that _____ has permission to participate in _____. The event will be supervised by responsible adult leaders and, if needed, other responsible adults (parents, church members, etc.)

I also give permission for photographs or video of my child to be used by the church for the newsletters, the website, or other such publicity.

I understand that the precaution will be taken to assure the safety of my child participating in all Jodeco Road UMC activities, but that unforeseen accidents may occur.

I also understand that Jodeco Road United Methodist Church, it's staff, adult leaders, and other volunteers are not to be held liable for any injury that may occur. If my child becomes ill or sustains an injury during the gathering or outing, I understand that every reasonable effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby authorize and consent to any emergency diagnostic or medical treatment deemed necessary by medically trained personnel. I also consent to any x ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is advised as necessary for my minor.

If you should have any questions, please contact our Director of Student Ministries, Jordan Fleming, at 770-500-5534.

Parent Signature

Parent Name Printed

Date

Phone Number

(Please attach a copy of both sides of your medical insurance card to this form. Thank you!)