



## Activity Consent Form and Approval by Parents or Legal Guardian

This form is recommended for use to obtain approval and consent for youth and guests (if applicable) under 21 years of age to participate in a youth activity or trip. It is recommended that parents keep a copy of the form and contact the youth activity/trip leader in the event of any questions or in case emergency contact is needed. Additional copies of this form are available for download from [www.kingswoodumc.org/youth/forms](http://www.kingswoodumc.org/youth/forms).

First name of participant and middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age during activity \_\_\_\_\_

Additional address (need street address if you have a P.O. box) \_\_\_\_\_

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

Has approval to participate in \_\_\_\_\_  
(Name of activity, outing trip, etc.)

From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

- Without restrictions  
 Special considerations or restrictions: \_\_\_\_\_

### Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Kingswood United Methodist Church, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Area code and telephone number (best contact and emergency contact) \_\_\_\_\_

E-mail (for use in sharing more details about the trip or activity) \_\_\_\_\_

Contact the adult tour leader with any questions:

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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