FAIRFAX UMC ACTIVITY WAIVER

PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION

YOUTH NAME(S): _____

The undersigned parent/legal guardian hereby gives permission to Fairfax United Methodist Church, for my child/ren, to participate in all youth activities for the 2026/67 school year. This includes any transportation to and from activities and being supervised at events by paid staff and/or volunteers.

MEDICAL AUTHORIZATION

Should my child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my absence, I hereby grant the Church authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances.

RELEASE OF LIABILITY

In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless the Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

PHOTO & VIDEO RELEASE

I understand that photographs and videos may be taken during youth ministry activities and events. These images or recordings may be used by Fairfax UMC for purposes such as promoting the church and its ministries, sharing information about youth activities, newsletters, websites, social media, or other church-related communications.

PARENT/GUARDIAN ACKNOWLEDGMENT

By signing below, I confirm that I am the parent or legal guardian of the child/children listed above and have read and understand this form. I understand the nature of the activities associated with youth activities and voluntarily give permission for my child/children to participate.

I understand that this authorization and release applies to youth activities and events during the current youth ministry year unless I notify Fairfax UMC in writing that I wish to revoke my photo/video permission.

PARENT/LEGAL GUARDIAN: PRINT NAME AND SIGNATURE

_____ _____

Date: _____

Parent Name/ Cell Phone/Email: _____

Parent Name/Cell Phone/Email: _____

Home Address: _____

Youth Name/Cell Phone/Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Child: _____

Phone Number: _____

MEDICAL INFORMATION

Additional Medical Information, Allergies, or Important Considerations: _____
_____
_____

OTHER YOUTH INFORMATION

Grade: _____School:_____

Birthday: _____

Favorite Food: _____

Favorite Snacks: _____

Favorite Candy: _____

Favorite Drink: _____

Favorite TV Show/Movie: _____

Favorite Music/Artist: _____

Favorite Song: _____

Favorite Sport: _____

Hobbies: _____