

ACTIVITY PERMIT
HUMYF-HARRISON UNITED METHODIST CHURCH
2008/09 SCHOOL YEAR AND FOLLOWING SUMMER

Harrison United Methodist Church 15008 Lancaster Hwy Pineville, NC 28134

STUDENT INFORMATION:

Name of Youth: _____ Age: _____
School _____ Grade _____ Date of Birth ____/____/____
Address: _____
City: _____ State _____ Zip _____
Phone _____ Cell Phone _____ e-mail _____

PARENT/GUARDIAN INFO:

Name (s) _____
Address: _____ (Primary Residence)
City: _____ State _____ Zip _____
Business: _____ Home Phone _____ Cell _____
Parent e-mails _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____
Address: _____
City: _____ State _____ Zip _____
Business: _____ Home Phone _____ Cell _____

WAIVER OF LIABILITY AND PERMISSION TO PARTICIPATE

The above named Youth has my/our permission to participate in any activity sponsored, sanctioned, or engaged in HUMC (Harrison United Methodist Church) and/or approved by the adult leaders of HUMC, including but not limited to:

Local Youth Conference and/or Retreat, Rafting, Snow Skiing, Flamingo Fundraiser, Operation Warm Up Mission Trip out of state, All Mission Trips in and out of the United States, Sunday Night Youth Events, Local and distant fundraising events, Big Stuff Camp-Panama City, Florida, 30 hour famine, Lock-Ins, overnight retreats and camp outs, Open gym basketball, Local Bible Studies, In home Bible Studies, Carrowinds, Concerts, 5th Quarters, Movies, bowling, putt-putt golf, go carts, sports games, other events with other churches, leadership training, drama, hand-bells, praise band, praise band trips, bicycling, rock climbing, other youth games that involve some running and physical activity. I/We the undersigned recognize that many of these activities are outdoor sports, which carry significant risk of personal injury. I/We know that there are natural man-made hazards, environmental conditions and risks, which, in combination with my/our sons/daughters actions, can cause him/her serious harm. I also recognize that these activities require transportation by vehicles and the possibility of injury also arises from such transportation.

In consideration of the benefits derived from participation in the above described activities including physical fitness, self-reliance, and leadership skills, I/We voluntarily waive any claim against Harrison United Methodist Church, the Harrison United Methodist Youth Fellowship (HUMYF), all leaders and adults of HUMC, the land owners, managers, organizers and officials of any such activity, for any and all loss and/or cause of action arising out of or in connection with such activities unless such claim, loss, or cause of action shall result directly from the gross negligence or willful misconduct of the aforesaid persons or organizations. I/we agree that I/we as parent or guardian must take an active role in understanding the nature of any such activity my youth plans on participation in through HUMYF and if I don not want him/her to participate in such activity; I need to advise the adult leaders of HUMYF in advance of such activity. I here by give the adult leader or leaders of HUMYF in charge of any such activity, the authorization to consent to such participation by my/our son/daughter and to sign any individual or group waiver of responsibility as may be required by an organization, official, land owner, manager, or sponsor of such activity, which waiver shall have the same effect an authority as my/our waiver herein.

Further, if at any time during which my son/daughter is a participant in any of the activities authorized above, a medical emergency should arise, I/we understand that every effort will be made to contact me/us. But if at such time I/we cannot be contacted to give advice and consent regarding medical care and treatment, then, and in such event, I/we do hereby authorize any of the leaders of HUMC and/or HUMYF in charge of such activity to give advice an consent with regard to medical care an d treatment of my/our son/daughter. Such advice and consent shall include, but not be limited to, the authority to consent to any x-ray, anesthetic, medical, or surgical examinations, diagnosis and treatment an any hospital care which is deemed advisable and necessary by, and is to be rendered under the general or specific supervision of a licensed medical physician or surgeon, and I/we agree to responsible for any charges resulting from such medical care and treatment that is not covered by insurance. In addition to the foregoing, such leaders shall be authorized to give and administer any emergency first aid as in the judgment of such leaders is necessary and appropriate.

MEDICAL/INSURANCE INFORMATION:

Our son/daughter, or ward, is covered by health and accident insurance with the following company:

Insurance company/Group Plan: _____

Policy or Group Number: _____ Cert. Or ID Number _____

Address: _____ City _____ State _____ Zip _____

Our Son/daughter or ward, is subject to, or has difficulty with the following medical or physical conditions:

- ___ Asthma ___ Fainting Spells ___ Convulsions ___ Allergy to any medications, food, plant, Animal or insect toxin.
- ___ Diabetes ___ Heart Trouble ___ Bleeding Disorders ___ Any condition that may require special Care, medication, or diet.
- ___ Lungs ___ Digestion ___ Sleep Walking ___ Eyes, ears, nose, and throat.

Further Explanation of Physical Conditions: _____

Please use another sheet of paper if further explanation is needed.

Any conditions requiring medication? _____ Name of Medication: _____

Dosage _____

Any restrictions of activity for medical reasons? Explain: _____

Signature of Father (or guardian)

Signature of Mother (or guardian)

Printed Name of Father (or guardian)

Printed Name of Mother (or guardian)

North Carolina
Mecklenburg County

I, _____, a Notary Public for said County and State, do hereby certify that

_____ appeared before me this day and acknowledged the due execution of the forgoing instrument.

Witness my hand and official seal, this _____ day of _____, 20____

(Official Seal)

My commission expires _____ 20____.

Notary Public