**Coopersville United Methodist Church**

PARENT/GUARDIAN RELEASE STATEMENT

Name of Child or Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 As parent/legal guardian of the above student, I give my permission for the student to be involved in the overall activities of the Youth Group and Church.

 The student will abide by all rules set by the Church or its leaders for these activities. If the youth is returned home early for discipline violations, it will be at my expense.

 I agree that any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student during the activities may be used, distributed, or shown as the Church sees fit.

 I believe reasonable safety precautions will be taken by the Church and its agents during the events and activities. However, I understand the possibility of injuries, unforeseen hazards and the inherent risks. I agree not to hold the Church, its employees, members and volunteers liable for and I release them from any damages, losses, diseases, or injuries incurred by the youth. The designated Church leader for each activity is authorized to obtain any necessary emergency medical care for the student, at my expense.

 This consent form is valid effective immediately through December 31, 2013.

Parent/Guardians Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print

Parent/Guardians Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_