

**NORTHEAST UNITED METHODIST CHURCH**  
**4000 Hard Scrabble Road**  
**Columbia, SC 29223**  
**(803) 736-6386**

**RELEASE FROM LIABILITY/ COVENANT NOT TO SUE**

In consideration of my child's/ward's participation in the Northeast United Methodist Church (NEUMC) Youth Group activities and for other good and valuable consideration, I on my own behalf and as an agent for others standing in loco parentis and on behalf of my child/ward, make the following covenants and releases: NEUMC and its officer, partners, members, agents, servants, and employees, when acting on behalf of NEUMC, are hereby forever release, acquitted and discharged from any claims, suits, losses, or liabilities whatsoever by reason of injury, illness, or damage to person or property during the course of participation in this activity, including transportation to and from activities of NEUMC, and in that regard, I hereby covenant on my own and child's behalf not to file, assert or allege any claim or bring any suit whatsoever relative to any such injury or damage.

**I, the undersigned, am a parent/ guardian of** \_\_\_\_\_  
(Print Minors Name)

I have read and fully understand the provisions of the above release and have explained them to said minor. By my signature below, I hereby certify and agree that I and said minor will be bound thereby and I shall defend and hold harmless NEUMC from any Liability thereof by or on behalf of said minor.

**Parent or Guardian Signature:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_  
(Print Name)

This form is valid and will be used from this point forward unless revoked or changed by the parent or guardian. Please notify the Director of Children and Youth Ministries or the Church Office if there are any changes to your information.

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**CONSENT TO MEDICAL TREATMENT**

I, \_\_\_\_\_, parent or guardian of (name)  
(Print Name)

\_\_\_\_\_/Social Security Number: \_\_\_\_\_,

a minor, in the event of illness or accident occurring to him/her during attendance at all functions sponsored by or attended with Northeast United Methodist Church (NEUMC), do hereby consent in advance to whatever emergency medical treatment, x-ray, examination, anesthesia, medical, surgical or diagnostic procedure, or treatment is considered necessary in the best judgment of the attending physician or emergency medical personnel. I understand that, in the event of a serious illness or injury which is not an emergency, reasonable efforts to reach me will be attempted. There shall be no cost incurred by NEUMC or its agents.

**Parent or Guardian Signature:** \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Alternate Emergency contact: Name and Number: \_\_\_\_\_

**Insurance Policy Holder and Number:** \_\_\_\_\_

Name of Notary: \_\_\_\_\_  
(Print Name)

**Signature of Notary:** \_\_\_\_\_

**My Commission Expires on:** \_\_\_\_\_ **Date Notarized:** \_\_\_/\_\_\_/\_\_\_

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