



First United Methodist  
**DICKINSON**  
 200 FM517 Rd West  
 Dickinson, TX 77539  
 281-534-3511

**PARENTAL CONSENT**  
**Medical/Indemnity/Photo Release**  
 (one form per child)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Class of 20 \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Parent(s) Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent(s) email address \_\_\_\_\_ Home Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Group Number \_\_\_\_\_

Describe any health problems/allergies of child: \_\_\_\_\_

List any medications presently taking: \_\_\_\_\_

List any activities that your child cannot do: \_\_\_\_\_

**I give permission for my child, \_\_\_\_\_, to attend and participate in all church activities sponsored by Dickinson First United Methodist Church (Dickinson First UMC).**

In the event that the above-named child becomes ill or sustains an injury while engaged in any activity or youth trip sponsored by or associated with Dickinson First UMC, I, the undersigned, give my permission to those in charge, or any other chaperone designated by the church, to take whatever steps are necessary to render care and to administer first aid. I consent to any and all dental, medical, surgical and/or diagnostic procedures and treatment deemed necessary by a licensed dentist, physician or surgeon. I also consent to care in a hospital facility if necessary.

The undersigned will be liable to agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named child pursuant to this authorization. Should it be necessary the above-named child to return home due to medical reasons or otherwise, the undersigned will assume all transportation costs. The undersigned does also hereby give permission for the above-named child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Dickinson FUMC.

Further, in exchange for permitting the above-named child to participate in church activities, I agree to indemnify, defend and hold harmless Dickinson First UMC of and from any and all liability, claims, obligations, demands, liens, judgments, penalties, fines, suits, losses, costs or causes of action of any kind or character whatsoever, known or unknown, now accrued or which may hereafter accrue, arising from or in any way growing out of, derivative of, connected with, or resulting or arising from any lawsuit and/or claims that may be asserted with regard to any injuries sustained by the above-named child while engaged in a church activity. I AGREE THAT THIS INDEMNIFICATION INCLUDES THE AMOUNT OF ANY CLAIM, THE EXPENSES OF DEFENDING AGAINST ANY CLAIM, ATTORNEY'S FEES AND COURTS COSTS. I FURTHER AGREE THAT THIS INDEMNITY EXPRESSLY INCLUDES ANY CLAIM ARISING OUT OF Dickinson First UMC's OWN NEGLIGENCE, FAULT, COMPARATIVE RESPONSIBILITY, BREACH OF CONTRACT AND/OR WARRANTY.

Dickinson First UMC often uses pictures/videos to tell our story and promote our church. These images may be used by Dickinson First UMC for a variety of purposes, such as but not limited to: printed materials, brochures, newsletters, videos, digital images for use on Dickinson FUMC website and social networking sites. I understand that these images may be used without further notifying me. I do understand that my child's last name will not be used in conjunction with any video or images.

**INITIAL ONE:**

\_\_\_\_\_ I DO give permission for the above-named child's image to be used in print, video, and digital media.

\_\_\_\_\_ I DO NOT give permission for the above-named child's image to be used in print, video, and digital media.

**This form expires on May 31, 2020.**

\_\_\_\_\_  
 Parent's signature

\_\_\_\_\_  
 Date