

# SHARP YOUTH 2019 - 2020 ALL IN 1 WAIVER



STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ STUDENT EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

EMERGENCY CONTACT'S NAME & NUMBER: \_\_\_\_\_

STUDENT'S ALLERGIES/DIETARY RESTRICTIONS: \_\_\_\_\_

CURRENT MEDICATIONS/ACTIVITY RESTRICTIONS: \_\_\_\_\_

MEDICAL INSURANCE CO. \_\_\_\_\_ POLICY #: \_\_\_\_\_

PARTICIPANT I.D. NUMBER: \_\_\_\_\_ MED. INSURANCE PHONE: \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in activities of Sharptown United Methodist Church & Sharp Youth on church property & elsewhere. By signing below, I fully understand that I release Sharptown UMC, its staff, volunteers, from any and all liability of any kind for any injury. I agree to indemnify SUMC, its staff and any volunteers for any and all liability for injuries to my student on or off SUMC property. I also understand it is my responsibility to update Benjamin Kraihanzel with any and all medical concerns regarding my student.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my student to travel with other students/youth accompanied by at least 1 cleared, adult volunteer or staff member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my student may be photographed or videotaped while participating in activities for Sharp Youth or SUMC. Therefore, I give my consent for my students' recognizable image to be published or posted on the Sharptown Church Social Media and/or website. I also understand that a non-recognizable photo or video may be posted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_