Youth Permission Slip
First United Methodist Church, Green Bay

Please circle one: **Sr. High Youth** **Jr. High Youth**

I hereby give permission for my daughter/son to participate in the following church activity:

Youth's Name:
_____

Church Activity: _____ Date of Activity: _____

- I authorize my child to be transported, as needed, via: church van, rented or loaned vehicles, of via other transportation approved by the church staff. I understand that should my child have special needs in regard to transportation or walking, as it may apply to this trip, it is my responsibility to inform a member of the Youth Ministry staff in advance.

- I hereby acknowledge that the Medical Release Form on file with the church signed by the undersigned is up-to-date and in full force and effect.

- I understand that the adult youth ministry leaders are responsible adults and I trust their abilities to be in charge of this group.

- I understand that First United Methodist Church strives to maintain a safe environment for my child at all times. I understand that it is my responsibility to communicate any safety concerns to the Coordinator of Youth Ministries immediately.

RELEASE OF LIABILITY:
I, _____ (**parent or guardian's name**),shall indemnify, hold free and harmless, assume liability for, and defend First United Methodist Church, its agents, servants, employees, officers and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which First United Methodist Church, assertion of liability or any claim or action founded thereon, arising or alleged to have arisen out of _____ (**youth's name**) use of real or personal property belonging to First United Methodist Church, its agents, servants, employees, officers and directors, or by action of omission by _____(**youth's name**).

_____ _____
Parent/Legal Guardian Signature **Date**

_____
Phone number where you may be reached. If cell, please list who it belongs to.