

Youth Permission Form
Friendship United Methodist Church
22 West Friendship Road, Friendship, Maryland 20758

Activity & Location: _____

Departure (date/time/locations): _____

Parent/Guardian Pickup (date/time/location): _____

I give my permission for my son/daughter, _____, to participate in the above Friendship UMC activity. I understand that he/she may be transported by volunteer drivers. For myself and my child I release, waive, and hold harmless Friendship United Methodist Church, its Board of Trustees, drivers, and all of the individual members from any and all injuries, liabilities, damages, and bills which may result from my child's involvement in the above activity. I understand that my child will be asked to follow all rules outlined by the trip/activity leaders.

I give my permission for my youth to be photographed and allow FUMC to release said pictures for publicity or other purposes. Yes No

If this is an overnight trip, I give my permission for my youth to room with members of the group who are 18 years of age or older. Yes No N/A

Signature of Parent or Guardian

Date

I agree to follow all rules outlined by trip/activity leaders.

Signature of Youth

Date

Parent/Guardian Home Phone # _____

Parent/Guardian Alternative Phone # _____

Alternative emergency contact

Name: _____

Phone # _____

Relationship: _____