

MORROW MEMORIAL UNITED METHODIST CHURCH

PERMISSION FORM

Event: _____

Date: _____

Location: _____

I give my permission for my child, _____, to participate in the above named event. I confirm that the information on the Medical Information Form is still current.

It is agreed by the undersigned as follows:

That neither Morrow Memorial United Methodist Church, located in Maplewood, NJ, nor any of its employees or volunteers, shall be liable to the undersigned for any claim arising from this trip. Such claims being hereby waived, the undersigned will indemnify and save harmless Morrow Memorial United Methodist Church and its employees and volunteers from all liability for such claims as well as from claims of all other persons resulting from any act of the child during the event. "Programs" and "Events" include times when the undersigned is involved with the program or event, or is being transported to and from such program or event.

Signed: _____ Date: _____

Relationship: _____

Phone numbers where you may be reached in the event of an emergency during this event:

Name and Phone Number of Secondary Contact:
