



Children's Ministry Activity Participation Form

SEPTEMBER 1, 2023 – AUGUST 31, 2024

Please enter the name and birth date of your child/children:

1. _____ (____/____/____)
2. _____ (____/____/____)
3. _____ (____/____/____)
4. _____ (____/____/____)
5. _____ (____/____/____)
6. _____ (____/____/____)

I (print full name) _____ being the parent/guardian of the child/children listed above, appoint Heritage United Methodist Church staff the power to:

- 1. Medical and Hospital Care for Child** Authorize and execute my consent for any and all medical treatment deemed necessary by duly licensed physician for the health and well being of my above child/children.
- 2. Travel** To do all acts necessary or convenient for providing transportation to or from or in connection with any field trip.
- 3. Field Trip** To do all acts necessary or convenient for providing field trip functions for my child, and in arranging for my child's attendance and care at any such function.

HOLD HARMLESS AGREEMENT. Further, I hereby agree to assume the risk of and hold harmless and release Heritage United Methodist Church, its staff and volunteers from any liability in the aforesaid instances. However, this shall not apply to willful and wanton misconduct affecting my child. **PARENTS ARE RESPONSIBLE FOR ANY AND ALL DAMAGES AND FOR ANY CHILDREN LEFT UNATTENDED BEFORE AND AFTER ANY PLANNED EVENT.**

AUTHORIZATION PHOTO/VIDEO RELEASE

I understand that photographs, video and/or audio recording of my child/children and myself may occur during church activities. I authorize use of aforementioned photographs and recordings for promotional purposes in any media, without compensation, unless opted out by initialing below.

OPT IN: I authorize the use of photographs and recordings for promotional use by Heritage United Methodist Church. _____ *(Initial if you AGREE to the use of photos and videos)*

OPT OUT: I opt out of promotional use of any photographs, video, and/or audio recordings of my child/children and myself: _____ *(Initial if you DO NOT want photos and videos used)*

HEALTH ALERTS (i.e. allergies, medications): _____

Physician: _____ Phone: _____

Alternate Emergency Contact (If custodial parent/guardian cannot be reached):

Emergency Contact Name: _____

Phone # _____

PERIOD OF VALIDITY: This agreement shall be effective and apply to the following period: From September 1, 2023, through August 31, 2024.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____ 20_____

Signature of Parent (SIGN BEFORE NOTARY)

Parent Phone Number

STATE OF FLORIDA, COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____, by

_____, who is personally known to me or who has produced a valid form of

Identification. _____.

(Notary Seal)

_____ (Notary Public Signature)