

Attachment D  
RELEASE OF LIABILITY/PERMISSION FOR TREATMENT  
First United Methodist Church, Graham, TX

STATE OF TEXAS  
COUNTY OF YOUNG

FOR MINORS (Revised\*)

I, \_\_\_\_\_, the parent of \_\_\_\_\_, who is \_\_\_\_\_ years of age, in consideration for allowing my child to ride as a passenger in any van or other vehicle owned by FIRST UNITED METHODIST CHURCH OF GRAHAM, TEXAS, **Waive and Release** the First United Methodist Church of Graham, Texas, from any claim which I may have by reason of the injury and/or death of my child while riding as a passenger.

I also agree to indemnify and hold harmless the First United Methodist Church of Graham, Texas, from any and all claims by my child and any other person that may arise by reason of the injury and/or death of my child, including, but not limited to, claims arising from the negligence or fault of the First United Methodist Church of Graham, Texas, its agents, members, servants, and/or employees.

I do hereby grant permission to chaperones and sponsors to seek medical attention for and administer necessary basic first aid to the above mentioned person. Please see the **Emergency Medical Form** for information about special medical needs or health history that concerns this person, as well as pertinent health insurance information.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Date) (Month) (Year)

**\*STOP:** This must be signed in the presence of a notary\*

\_\_\_\_\_  
*Parent/Guardian Signature*

STATE OF TEXAS  
COUNTY OF YOUNG

\*  
\*

This instrument was acknowledged before me by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Date) (Month) (Year) (Signer's Printed Name)

\_\_\_\_\_  
*Notary Public, State of Texas*

**Authorization and Release Form**  
*First United Methodist Church, Graham, Texas*

I hereby give permission for my child to travel with First United Methodist Church members on field trips as planned by the church. It is my understanding that only authorized FUMC drivers will be used.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or legal guardian)

Child's name (please print) \_\_\_\_\_

Parent or legal guardian's name (please print) \_\_\_\_\_

Phone number for contact Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Alternate phone contact: Name \_\_\_\_\_ Number \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or legal guardian)

**Emergency Treatment**

In the event of an illness or accident that requires immediate medical treatment to \_\_\_\_\_ at a time when a parent cannot be located, I  
(Child's Name)

give permission for an approved representative of First United Methodist Church to authorize such treatment. I will not hold the church or medical personnel responsible. In signing this I understand that every attempt will be made to contact the child's parents/legal guardian, physician, or other persons listed for emergency contact.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or legal guardian)

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy \_\_\_\_\_

Other persons who may be notified if parents/legal guardian cannot be contacted:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission to Photograph**

I am aware that from time to time the children in the programs of First United Methodist Church will be photographed. These pictures may be used to promote the church through the church newsletter, website, posters, city newspaper, or other sites. (*No personal information will be used on website.*)

I hereby \_\_\_\_\_ give my permission  
\_\_\_\_\_ do not give my permission

for my child to be photographed by First United Methodist Church, Graham, Texas