

**Damascus United Methodist Church**  
**9700 New Church Street**  
**Damascus, Maryland 20872**

**2011 - 2012 Youth Fellowship Annual Permission Slip**  
(Complete one per child)

My son/daughter \_\_\_\_\_ has my permission to attend all activities, for the year 2011-2012 associated with the Damascus – Friendship United Methodist Youth Fellowship.

Parents agree to hold harmless and otherwise indemnify for any injuries or losses, the Church, Youth Coordinator, Assistants, and all Volunteers who give their assistance to the youth ministries of Damascus United Methodist Church.

Parents also agree, in case of an emergency requiring immediate medical attention, to authorize any of the adult leaders associated with Damascus United Methodist Church accompanying my youth to seek or provide medical care for my youth.

Parents also authorize any doctor, hospital, or other medical care institution or practitioner to provide necessary medical care or hospitalization to my youth, a minor child, upon request of one of the adult leaders associated with the Damascus United Methodist Church.

My youth has my permission to ride in the Church van driven by an adult leader:	___ Yes	___ No
My youth has my permission to ride in a car driven by an adult leader:	___ Yes	___ No
My youth has my permission to ride in a car driven by a young adult 18 or older:	___ Yes	___ No
My youth has my permission to drive self and siblings:	___ Yes	___ No

Is your youth now on medication? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Does your youth have any allergies or any specific problems that the adult leaders should know about? If so, describe:

\_\_\_\_\_

Print Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PARTICIPATION AGREEMENT**

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Participant or parent/guardian if a minor)*

**RETURN TO DUMC OFFICE**