Skidaway Island Methodist Church Children & Youth Ministry Liability, Medical & Photo Release

I hereby give permission for my child to participate in Activities, Programs and Events of Skidaway Island Methodist Church held both on and off campus. SIMC is pleased to offer activities, programs and events; however, any participant not conducting himself/herself in an appropriate manner may be required to leave the program or activity at the discretion of the Event Leaders.

Liability Release: I release and discharge Skidaway Island Methodist Church, including the Staff, the Event Leaders and any of its representatives or trustees from all claims of injury or property damage during participation in all activities, programs and events. I also agree to indemnify and hold harmless Skidaway Island Methodist Church including the Staff, the Event Leaders, and any of its representatives or trustees from all claims, actions and causes of actions, that may at any time be made or brought for injuries or damages arising out of activities sponsored by SIMC.

Medical Release: I authorize the Event Leaders, in whose care my son or daughter has been entrusted to secure medical treatment as deemed necessary by the Event Leaders, I further authorize the Event Leaders to sign any consent thereto as fully as if I could if I were personally present. Whenever possible the Event Leaders will attempt to contact the parent(s)/guardian(s) for guidance and direction and will attempt to allow the parent(s)/guardian(s) to speak with any healthcare provider prior to any procedure or treatment. I agree to pay all costs and expenses incurred in connection with medical and dental services rendered.

Photography Release: I understand that photographs may be taken at any Activity, Program or Event of Skidaway Island Methodist Church and agree to allow these photographs to be used for display or advertising and may be posted on an internet website or social media by SIMC. I understand that any pictures featuring my child will only be used within the context of SIMC.

Child's Name:
Parent/Guardian Name:
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Signature:
Date: