**St. Andrew By-The-Sea UMC Medical**

**and Photo Release Statement**

As the parent/guardian of listed child below, I hereby give permission for my child to participate in St. Andrew By-The-Sea UMC 2019 Children Activities. I understand that SABTS is a nonprofit charitable institution which is voluntary presenting these programs for my child, other participants, and the community. I also understand that these programs may have activities that involve physical contact with other children, the ground, or equipment that could result in a risk of physical injury to my child.

My child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of other participants.
I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child’s participation in SABTS 2019 Programs, Ministries, Activities, whether or not resulting from negligence, and I agree not to sue SABTS UMC, its representatives, staff, or volunteers on any such claim.

I also give permission for SABTS representatives, staff or volunteers to administer first aid or to seek medical care for my child during my child’s participation in the programs, including transportation of my child to a medical facility for additional treatment that appears necessary.

I DO give permission for my child’s picture to be taken for use in church communications and local community marketing.

Child Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_