Lewisville United Methodist Church Youth Medical Release:

I give permission for _____ to participate in all activities, trips, and events with Lewisville United Methodist Church (Youth and Confirmation) from August 23, 2026 through September 1, 2027. In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Lewisville United Methodist Church, every reasonable effort will be made to contact the persons listed above on this form. If unsuccessful in contacting the persons listed, consent/permission is authorized for medical treatment to be administered by medical personnel without contacting me or the other emergency contacts.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying Lewisville UMC adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I, on behalf of myself, my child, and for myself and all other persons, hereby release and hold harmless Lewisville United Methodist Church and its adult leaders for any injury, illness, death, or other accident that may occur while participating with Lewisville United Methodist Church and its youth program. I understand that activities, trips, and events may involve travel as well as involvement in physical activities of which both tasks are potentially dangerous. I understand that Lewisville United Methodist Church does not carry medical insurance on people participating in Lewisville United Methodist Church youth activities. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

_____ _____

Parent/Guardian Signature Date

Media Release:

I give permission for images or video of my child to be used on Lewisville United Methodist Church website, social media, and other church publications as well as outside publications such as newspapers and social media pages for organizations Lewisville United Methodist Church has partnered with.

_____ _____

Parent/Guardian Signature Date