

**Fill in blanks using Adobe Acrobat (or complete by hand), print, sign, and
Mail to: Tammy Dalke, Lovers Lane UMC, 9200 Inwood Road, Dallas, TX 75220-3901**

**Lovers Lane United Methodist Church
Release of Claims**

I (Parent or Guardian – please print) _____ of the
city of _____, State of Texas, hereby affirm that my student
(Name of student – please print) _____ shall be participating on
the following date(s) _____
in the following activity _____.

I certify that I am cognizant of the inherent dangers associated with participation in the above activity and with the fact that participation in the activity may take place outside of, or off of, the church campus.

I UNDERSTAND AND AGREE THAT NEITHER LLUMC, ITS TRUSTEES, STAFF, REPRESENTATIVES, VOLUNTEER WORKERS OR OTHER AGENTS MAY BE HELD LIABLE IN ANY WAY FOR ANY OCCURRENCE IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE ABOVE ACTIVITY WHICH MAY RESULT IN INJURY, HARM OR OTHER DAMAGES TO ME OR MY FAMILY, INCLUDING BUT NOT LIMITED TO ANY CLAIMS RESULTING FROM THEIR NEGLIGENCE.

As a part of the consideration for being allowed to enroll and participate in the above activity, I hereby personally assume all risks in connection with my child's participation in the activity. I further release LLUMC, it's trustees, staff, representatives, volunteer workers or other agents for any injury or damage which may befall my child while my child is enrolled in or participating in the activity. I further agree to save and hold harmless LLUMC and all those mentioned above from any claim by me or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the activity. I also authorize LLUMC to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm, or accident occur to my child while participating in the activity.

I, as parent or legal guardian, do hereby give permission for Lovers Lane United Methodist Church to use pictures or videos of my child taken at this activity or trip.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on the ____ day of _____, 20__.

Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Child's Birthday: _____

Emergency Contact: _____ Emergency Phone #: _____

Insurance Company: _____ Insurance Phone #: _____

Insurance Policy #: _____ Group #: _____

Allergies: _____

Medication that is currently being taken and times that each medication is taken

Parent's Cell Phone Number: _____