

APPENDIX I
POLICY OF THE TOWSON UNITED METHODIST CHURCH
FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH
EVENT PARTICIPATION AGREEMENT

Your child will be attending the following event sponsored by The Towson United Methodist Church ("TUMC"):

Event Information

Participant's name (Print):	Date:
Location:	
Time:	
Cost:	
Notes:	
Please return this permission slip with payment by: (Exact cash or check made payable to TUMC)	

By signing below, you are agreeing that in case of an emergency, TUMC has your permission for your child to receive medical treatment.

Is your child covered by personal/family medical insurance? Yes No
[IF YES, PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD]

Name of insurance carrier Number of policy
Is your child taking medication? Yes No
If yes, please specify:

Is your child allergic to anything? Yes No
If yes, please specify:

In case of a medical emergency, please contact:

Name Phone

By signing below, I am giving permission for _____ (participant's name) to attend the above described event, acknowledging and accepting the risk of property damage, personal injury and any and all other damages of any kind or nature associated with my child's participation in such event, accepting personal financial responsibility for any such damage or injury and agreeing to hold TUMC, its affiliates and its representatives harmless from any and all claims, demands, costs, expenses, liabilities, judgments, sums of money, actions, and causes of action of whatever kind and nature associated with my child's participation in such events, including, without limitation, those predicated upon negligence.

Parent/Guardian Signature

Date