

**General Release/Disclaimer for Minor Child Participation in Activity**

**First United Methodist Church of Chula Vista  
1200 East H Street  
Chula Vista, CA 91910  
619-656-2525**

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_ (hereafter the "minor child"). I hereby give my consent to have my minor  
child participate in both on and off campus events hosted by **First United Methodist Church of Chula  
Vista** (hereafter "the activity").

I understand that photos and/or video recordings will be taken at this event and that my minor child's  
image could be used in any , I also authorize **First United Methodist Church of Chula Vista** to use my  
minor child's image, picture and/or recordings, without compensation, in any and all forms of media for  
purposes of communication, advertisement, and all other lawful purposes. This authorization will remain  
in effect for this and any other activity at **First United Methodist Church of Chula Vista** until revoked  
by me in writing.

To the fullest extent permitted by law, I fully absolve and release **First United Methodist Church of  
Chula Vista**, its trustees, officers, directors, pastors, employees, agents and representatives of any and  
all responsibility, liability, or both, for any and all bodily injuries, damages, death, or property damage or  
loss sustained by the minor child while participating in this activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical treatment that  
may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior  
to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity  
leader to make the decisions necessary for treatment. Should there be no activity leader available, I give  
permission to the attending physician to treat my minor child. As parent or legal guardian, I understand  
that I am responsible for the health care decisions of my minor child and agree that my insurance plan is  
the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor  
child. Any insurance policy of the church or organization sponsoring this event will be used as the  
secondary coverage.

Please complete the following information about the minor child's health insurance:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr's Phone: \_\_\_\_\_

Known medical conditions, including food and other allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date