

University Park United Methodist Church Liability Release Form

Name of Child _____ Date of Birth _____
Address _____
City _____
ZIP _____ Home Phone (____) _____

Activity: UPUMC Youth Ministry Gatherings Date: _____

I understand that the identified child will participate in the activity identified above and will be expected to follow all city and state health and safety guidelines related to Covid-19. I understand that all children will be required to wear a mask at all times and adhere to safe social distancing practices. If the child has any symptoms or has awareness of being in contact with someone with COVID-19, I understand that my child will not be permitted to participate until they complete a 14 day quarantine or provide evidence of testing negative for COVID-19.

I understand that UPUMC staff and volunteers will keep attendance so as to perform contact tracing in the event of a positive COVID-19 test.

I agree to allow the identified child to participate in the activity identified above and understand all reasonable safety precautions will be taken at all time by University Park United Methodist Church and its agents. I understand the possibility of contracting and/or spreading COVID-19 and know the inherent possibility of risk. I agree not to hold University Park United Methodist Church, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred as a result of the child's participation in this activity.

Please let us know if we can use pictures of your child on social media mediums (Facebook, Instagram, etc):

☐ Yes

☐ No

Emergency Contact

Contact Name _____ Phone: _____

Second Contact (Optional) _____ Phone: _____

CHILD'S SIGNATURE _____

PARENT/GUARDIAN
SIGNATURE _____

DATE _____