# Anderson First United Methodist Church Liability Waiver for Church Outings

**Participant Information:**

Name of Minor: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

**Event Details:**

Event Name: _____

Date of Event: _____

Location: _____

**Liability Waiver:**

I, the undersigned, being the parent or legal guardian of the minor named above, hereby give my consent for my child to participate in the specified church outing organized by Anderson First United Methodist Church. I acknowledge and understand that participation in this event may involve certain risks, including but not limited to transportation, physical activities, and other unforeseen circumstances.

I agree to release and hold harmless Anderson First United Methodist Church, its pastors, staff, volunteers, and affiliates from all liability, claims, demands, or actions that may arise from any injury, loss, or damage to property or person, including death, that may occur during participation in the event, whether caused by negligence or otherwise.

I understand that the church will take all reasonable precautions to ensure the safety and well-being of the minor listed above, but I acknowledge that accidents can happen. I hereby permit emergency medical treatment to be administered to my child in case of injury or illness, and I understand that any medical expenses incurred will be my responsibility.

**Medical Information:**

Allergies: _____

Medications: _____

Special Instructions: _____

**Emergency Contact:**

Name: _____

Phone Number: _____

Relationship: _____

By signing below, I acknowledge that I have read and understand this liability waiver, and I voluntarily agree to its terms.

Signature of Parent/Guardian: _____

Date: _____

**Witness:**

Signature: _____

Date: _____

**Note:** This waiver must be signed and returned prior to the event in order for your child to participate.