



Youth and Young  
Adult Team

Lake Washington

UNITEDMETHODISTCHURCH

7525 132nd Ave NE

Kirkland, WA 98033

425.885.3311

jev@lwumc.com

## Lake Washington UMC Under-18

### Permission and Waiver Form

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission** is given for my Youth (6th grade - 17 years of age) to participate in all LWUMC sponsored activities, both at church, and elsewhere. If any emergency medical attention is needed every effort will be made to contact the parent or guardian before administration, if possible.

**Initial:** \_\_\_\_\_

**Waiver of Liability:** Should an emergency occur, for which I cannot be contacted, I/we will allow my/our child to be treated by a hospital, physician, or other certified medical personnel in the event of injury, accident, or illness. I/We further agree to assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless Lake Washington United Methodist Church, staff, instructors, volunteers, and authorized persons transporting myself or my/our child for any claim arising out of any injury to myself or my/our child, except injury caused by or resulting from the sole negligence or concurrent negligence of Lake Washington United Methodist Church or its agents.

**Initial:** \_\_\_\_\_

**Photo Release:** I authorize the use of photographs and/or video of my child/children/ward or myself as part of Lake Washington United Methodist Church promotions.

**Initial:** \_\_\_\_\_

Parent/Guardian Name/Signature: \_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_/\_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Pri. Care Doctor's Name and Phone#: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Any Food/Drug Allergies, Current Medications, Pertinent Medical History: \_\_\_\_\_

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**Please also provide a copy of your student's Health Insurance Card - if you don't have a scanner available, please take a photo of the card (back and front) and email it to jev@lwumc.com**