

**Consent to Transport  
Waiver and Release of All Claims**

Dickson First UMC Youth Group

**Person to be Transported**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

**If Minor Child named above, please complete the following:**

Parent or Guardian: \_\_\_\_\_

Parent or Guardian Work Phone #: \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

**Emergency contact other than Parent or Guardian:**

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Transportation Waiver and Release**

I, the undersigned, give my consent for the person identified above to be transported by Dickson FUMC and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport or at the event/activity.

**Further, by signing below:**

1. I will not hold Dickson FUMC, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize Dickson FUMC to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for me or my minor child to travel with CHURCH NAME.

**PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR – AUGUST THROUGH JULY. This waiver is valid through July, 2018**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Signature Print Name/Relationship**