



L1UMC YOUTH GROUP PERMISSION SLIP

I give _____ permission to attend
(name of youth)

_____ with the Lewisburg First United
(activity)

Methodist Church youth group.

I/We understand all reasonable safety precautions will be taken at all times by L1UMC and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold L1UMC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/guardian PRINTED Name: _____

Signature: _____

1. Emergency Contact: _____

Phone: _____

2. Emergency Contact: _____

Phone: _____