

# **All-Event Liability Release Form 2019-20**

(one form per family, please list all children on same form)

I understand that my child(ren), \_\_\_\_\_, will be a participant in youth activities with Aftershock Youth Group of Springville First United Methodist Church during the 2019-20 calendar year. I have reviewed the information about these events and their activities and give my permission for my child to be involved in the activities of these events. I understand and agree that if my child has to return home early from any event due to disciplinary reasons, it will be at my expense and time. I understand that all reasonable safety precautions will be taken at all times by Springville First United Methodist Church, its leaders, agents, and volunteers during the activities of all events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk of such activities and I agree not to claim Springville First United Methodist Church and all personnel liable for damages, losses, diseases, or injuries incurred by my child and will indemnify Springville First United Methodist Church and persons against such a claim by anyone else.

**Parent/Guardian Name (PRINT)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Parent/Guardian Phone #** \_\_\_\_\_

**Today's Date** \_\_\_\_\_