

# Back River United Methodist Church Youth Ministry Release Form

*“Back River Youth Ministry exists to reach students at their level of spiritual interest and to help them become more devoted followers of Christ.”*

**Parent/Guardian:**

I hereby give permission for \_\_\_\_\_ to participate in \_\_\_\_\_ on \_\_\_\_\_. I have counseled my son/daughter that he/she is to abide by the rules of the Trip Leader (\_\_\_\_\_) and other Youth Ministry Leaders. I have read over the rules for this event and discussed them with my child. In the event that my child chooses not to abide by the rules, I understand that I will be notified by the Trip Leader and will be required at that time to make arrangements for my child’s immediate return home (at my own expense).

I am also aware that Back River United Methodist Church (including all Trip Leaders and/or Youth Ministry Leaders) assumes no responsibility for any accident or injury resulting from this event, including travel to and from this event. Should my child be injured in any way, accidental or otherwise, or become ill, and emergency medical care is required, I hereby authorize the Trip Leader to seek medical help (including surgery) for my child, with the understanding that every effort will be made to contact me as soon as possible. In the event of a minor injury or illness, I authorize the Trip Leaders and/or Youth Ministry Leaders to administer to my child any basic first aid deemed necessary. I also give permission to the Trip Leaders and/or Youth Ministry leaders to administer those medications my child is currently being prescribed as listed in the Medical Release form below.

**Parent/Guardian Signature:**

**Date:**

**Youth:**

I hereby agree to abide by the rules of the Trip Leader and Youth Ministry Leaders. I have read the rules and agree to abide by them while on this activity. If I choose not to abide by the rules, then my parent(s)/guardian will be called and required to make arrangements for my immediate return home (at their expense).

**Youth Signature:**

**Date:**

*Please return above portion with Medical Info Sheet and Deposit by DATE*

-----

*Parent/Guardian, please detach this portion and put it on your fridge as a reminder...*

## Back River UMC Youth Ministry Itinerary

Event: \_\_\_\_\_

Meet at \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(place)

Cost per person: \_\_\_\_\_

Pick up at the church – Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Back River United Methodist Church  
544 Back River Neck Road, Essex MD 21221  
410-686-4195 or [office@backriverumc.com](mailto:office@backriverumc.com)  
[www.backriverumc.com](http://www.backriverumc.com)*