



Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of _____
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of
Ypsilanti Free Methodist: _____ (hereafter "the
activity") on or about _____, 20_____.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of
injury, harm, damage, or death to my minor child in connection with his/her participation in this
activity.

To the fullest extent permitted by law, I release **Ypsilanti Free Methodist** its trustees, officers,
directors, employees, agents and representatives from any injury, harm, damage or death which
may occur to my minor child while participating in the activity and agree to save and hold
harmless **Ypsilanti Free Methodist**, its trustees, officers, directors, employees, agents and
representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical,
surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child.
I understand that efforts will be made to contact me prior to treatment but, in the event I cannot
be reached in an emergency, I give permission to the activity leader to make the decisions
necessary for treatment. Should there be no activity leader available, I give permission to the
attending physician to treat my minor child. As parent or legal guardian, I understand that I am
responsible for the health care decisions of my minor child and agree that my insurance plan is
the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my
minor child. Any insurance policy of the church or organization sponsoring this event will be used
as the secondary coverage.

Executed this _____ day of _____, 20_____.

Signature _____

Printed Name _____

Witness: _____

Witness: _____